#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

NEVADA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

NEVIDII COUNTI	DOINTING OF BEIN	TODO TOTO CARRIE GIVINI	71000	NID CODE	MON'	THTY AVERA	GE
2,547 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS		COST PER
2,017 551555	OBEIG	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,969	46,401 \$	911,900.18	\$ 19.65	18.218 \$	463.13	
@PHYSICIANS SERVICES	403	1,306 \$	18,760.04	\$ 14.36	.513 \$	46.55	
OUTPATIENT VISITS	3	5	170.58	34.12	.002	56.86	.07
OFFICE VISITS	2	3	101.60	33.87	.001	50.80	.04
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	68.98	34.49	.001	34.49	.03
	0	0			.000		.00
PREVENTIVE CARE	0		.00	.00		.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	7	· ·	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	51	314.48	6.17	.020	104.83	.12
PRINCIPAL SURGEON	1	1	78.56	78.56	.000	78.56	.03
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	50	235.92	4.72	.020	117.96	.09
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	19.60	19.60	.000	19.60	.01
RADIOLOGY	2	2	26.93	13.47	.001	13.47	.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	396	1,247	18,228.45	14.62	.490	46.03	7.16
@PHARMACY	1,677	41,615 \$	515,138.24	\$ 12.38	16.339 \$		
PRESCRIPTION DRUGS	1,670	7,002	503,788.53	71.95	2.749	301.67	197.80
SNF/ICF	48	312	17,688.53	56.69	.122	368.51	6.94
OUTPATIENTS	1,629	6,690	486,100.00	72.66	2.627	298.40	190.85
MEDICAL SUPPLIES	112	34,613	11,349.71	.33	13.590	101.34	4.46
@DENTIST	65	184 \$	8,238.50	\$ 44.77	.072 \$		
VISITS - DIAGNOSTIC	43	115	1,867.00	16.23	.045	43.42	.73
ORAL SURGERY	8	16	846.00	52.88	.006	105.75	.73
	0	0	.00	.00	.000	.00	.00
DRUGS	0	0					
ANESTHESIA	1	· ·	.00	.00	.000	.00	.00
PERIODONTICS		1	88.50	88.50	.000	88.50	.03
ENDODONTICS	3	2	660.00	330.00	.001	220.00	.26
RESTORATIVE DENTISTRY	17	37	1,857.00	50.19	.015	109.24	.73
PROSTHETICS	0	1	30.00	30.00	.000	.00	.01
DENTURES, STAYPLATES	8	11	2,890.00	262.73	.004	361.25	1.13
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	1	.00	.00	.000	.00	.00

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#CALIF	DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE		NDITURES	S MONTH-OF-PAYMENT	REPORT FO.	R JAN 2	1004 THRU D	EC 2004		3,962 03/14/05	
NEVAD.	A COUNTY	SUMMARY OF SERV	VICES FOR C	ASH GRAN	NT - AGED	AI	CODE	10				
								MO	NTHLY AVERAG	E		
	2,547 ELIGIBLES	USERS	UNITS OF S	ERVICE	EXPENDITURE	S AVERAG	E COST	UNITS/DAYS	COST PER	CO	ST PER	
			OR DAYS O	F CARE		PER UN	IT/DAY	PER ELIG	USER	EL:	IGIBLE	
@OPTOM	ETRIST	48		130	2,599.2	9 \$ 1	9.99	.051	\$ 54.15	\$	1.02	
DIAG	NOSTIC AND ANC. PROCED	6		6	246.2	4 4	1.04	.002	41.04		.10	
EYE .	APPLIANCES	35		104	1,694.4	6 1	6.29	.041	48.41		.67	
OTHE	D ODMOMEMDIC CEDUICEC	1.0		20	6 E O E	0 2	2 02	000	E / 00		26	

OTHER OPTOMETRIC SERVICES 12 658.59 32.93 .008 54.88 .26 .001 \$ .02 @CHIROPRACTOR 3 45.17 15.06 15.06 \$ .00 VISITS 0 .00 .000 .00 .00 OTHER SERVICES 3 3 45.17 15.06 .001 15.06 .02 @PODIATRIST 45 70 741.85 \$ 10.60 .027 \$ 16.49 \$ .29 .00 .00 .00 MEDICINE/INJECTIONS 0 .000 .00 0 0 .00 .00 .000 .00 .00 SURGERY/ANES. .00 RADIO./PATHOLOGY Ω 0 .00 .00 .000 .00 4.5 70 OTHER 741.85 10.60 .027 16.49 .29 .00 \$ .00 \$ @HOME HEALTH AGENCY 0 0 .00 .000 \$ .00 0 .000 \$ Ω .00 \$ .00 .00 \$ .00 NURSE ANESTHESIST .00 NURSE MIDWIFE .00 \$ .000 \$ .00 \$ . 00 0 PEDIATRIC NURSE PRACTITIONER .00 \$ .00 .000 \$ .00 \$ .00 0 \$ FAMILY NURSE PRACTITIONER 0 .00 \$ .00 .000 \$ .00 \$ 239 870 141,782.33 \$ 162.97 593.23 \$ @TOTAL HOSPITAL .342 \$ 55.67 HOSP INPATIENT TOTAL 55 41 127,192.21 3102.25 .016 2312.59 49.94 HSC HOSPITALS .00 .00 .003 .00 .00 89,802.66 2641.25 9978.07 NON-HSC HOSPITAL TOTAL .013 35.26 34 1544.51 5.46 13,900.63 408.84 .013 ACCOMMODATIONS 0 0 .00 .00 ADMINISTRATIVE DAYS .00 .000 .00 .00 .00 TRANSITIONAL IP CARE 0 .00 .000 .00 34 9 13,900.63 408.84 1544.51 5.46 ALL OTHER ACCOM .013 0 .00 9487.75 ANCILLARIES 75,902.03 .000 29.80 37,389.55 830.88 INPATIENT CROSSOVERS .00 .000 14.68 0 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00 193 829 14,590.12 .325 HOSP OUTPATIENT TOTAL 17.60 75.60 5.73 MEDICAL 1 1 10.96 10.96 .000 10.96 .00 SURGERY 191.93 95.97 .001 95.97 .08 PATHOLOGY 7.74 3.87 .001 7.74 .00 .00 RADIOLOGY 0 .00 .000 .00 .00 7 ROOM USE 5 339.38 48.48 .003 67.88 .13 817 17.18 74.29 CROSSOVERS/ALL OTH OUTPINT 189 14,040.11 .321 5.51 @COUNTY HOSPITAL TOTAL 0 0 .00 \$ .00 .000 \$ .00 \$ . 00 .00 CO HOSPITAL INPATIENT TOTAL .00 .00 .000 .00 .00 .00 HSC HOSPITALS .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL .00 .000 .00 . 00 .00 .00 .000 .00 . 00 ACCOMMODATIONS .00 .00 .000 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE 0 .00 .00 .00 .000 .00 .00 .00 .000 . 00 ALL OTHER ACCOM . 00 .00 .00 .00 .000 .00 ANCILLARIES .00 .00 .00 INPATIENT CROSSOVERS .000 .00 .00 .00 .000 .00 . 00 ALL OTHER INPATIENT .00 .00 . 00 CO HOSP OUTPATIENT TOTAL .000 0 .00 MEDICAL .00 .00 .000 .00 Ω Ω .00 .00 SURGERY .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00

.00 0 .00 RADIOLOGY 0 .000 .00 .00 0 0 ROOM USE .00 .00 .000 .00 .00 .00 .00 .000 0 0 CROSSOVERS/ALL OTH OUTPINT .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 8,963

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MOP024 FEE-FOR-SERVICE/DENTAL

NEVADA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

NEVADA COUNTY	SUMMARY OF SER	VICES FOR	CASH GR	ANT	- AGED		AID CODE	10				
								M	ONT	HLY AVERA	GE	
2,547 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY				COST PER
, -			OF CARE					PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	239		870	\$	141,782.33		162.97	.342	Ś	593.23	Ś	55.67
COMM HOSP INPATIENT TOTAL	55		41	7	127,192.21			.016	т.	2312.59	т	49.94
HSC HOSPITALS					.00		00	.003		.00		.00
NON-HSC HOSPITALS TOTAL	9		3.4		89,802.66		3102.25 .00 2641.25 408.84	.013		9978.07		35.26
ACCOMMODATIONS	9		34		13,900.63		408 84	.013		1544.51		5.46
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		34 0 0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	9		3.4		13,900.63		408.84	.013		1544.51		5.46
ANCILLARIES	8		0		75,902.03		.00	.000		9487.75		29.80
INPATIENT CROSSOVERS	45		0		37,389.55		.00	.000		830.88		14.68
ALL OTHER INPATIENT	40		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0 193		020		14,590.12		17.60	.325		75.60		5.73
MEDICAL	1 9 3		1		10.96		10.96	.000		10.96		.00
SURGERY	2		7		191.93		95.97	.001		95.97		.08
PATHOLOGY	1		2		7.74		3.87	.001		7.74		.00
	0		0		.00		.00	.000		.00		.00
RADIOLOGY	5		7		339.38			.003		67.88		.13
ROOM USE			817				48.48 17.18	.321		74.29		5.51
CROSSOVERS/ALL OTH OUTPTNT	189		0 817	Ś	14,040.11	Ś	.00		ċ		ć	.00
@STATE HOSPITAL	0		0	Ş	.00	Ş		.000	Ş	.00	Þ	
MENTALLY ILL	0		-		.00		.00	.000		.00		.00
DEVELOP. DISABLED	56		0	Ś	.00	Ċ	.00	.000	ċ	.00	ć	.00
@NURSING FACILITY	56 0		1,151	Þ	168,874.71	\$	146.72	.452	Ş		Þ	66.30
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	· ·		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING			0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0 0 1,151		.00		.00	.000		.00		.00
LEV B-REGULAR	56		1,151	_	168,874.71	_	146.72	.452	_	3015.62	_	66.30
@INTERMEDIATE CARE FACILDD	0		0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	10		13	\$	6,470.98	\$	497.77	.005	Ş	647.10	Ş	2.54
HOSPITAL BASED	0 0 0 10 0		0		.00		.00	.000		.00		.00
HEMODIALISIS CENTER	10		13		6,470.98		497.77	.005		647.10		2.54
@REHABILITATION FACILITY	0		0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4		11	\$	82.45	\$	7.50	.004	\$	20.61	\$	.03
PATHOLOGY	3		8		82.00		10.25	.003		27.33		.03
XO AND OTHERS	1		3		.45		.15	.001		.45		.00
@ORGANIZED OUTPATIENT CLINIC	75		124	\$	17,056.27	\$	137.55	.049	\$	227.42	\$	6.70
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	1		2		123.70		61.85	.001		123.70		.05
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	74		122		16,932.57		138.79	.048		228.82		6.65
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EX	PENDITUR	ES M	ONTH-OF-PAYMENT I	REPORT	FOR JAN 2	2004 THRU	DEC	2004	P	PAGE 8,964

MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10 03/14/05

					MC	NTHLY AVERA	.GE -	
2,547 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E.	LIGIBLE
@ALL OTHER PROVIDERS	283	924	\$ 32,110.35	\$ 34.75	.363	\$ 113.46	\$	12.61
DURABLE MED. EQUIP.	2	2	138.73	69.37	.001	69.37		.05
BLOOD BANK	0	0	.00	.00	.000	.00		.00
HEARING AID DISPENSERS	11	11	2,840.32	258.21	.004	258.21		1.12
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00		.00
OTHER TRANS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
ACUPUNCTURE	0	0	.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	20	258	17,950.63	69.58	.101	897.53		7.05
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		.00
OPTICIAN	52	124	1,361.48	10.98	.049	26.18		.53
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		.00
PORTABLE X-RAY	7	12	13.19	1.10	.005	1.88		.01
PROSTHETIST/ORTHOTISTS	3	8	66.44	8.31	.003	22.15		.03
PROSTHETICS	3	8	66.44	8.31	.003	22.15		.03
ORTHOTICS	0	0	.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	2	2	45.30	22.65	.001	22.65		.02
HOSPICE SERVICES	2	26	2,954.12	113.62	.010	1477.06		1.16
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	191	481	6,740.14	14.01	.189	35.29		2.65
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$	.00
@XOVER EXCLUDING STATE HOSP**	766	2,742	\$ 114,002.48	\$ 41.58	1.077	\$ 148.83	\$	44.76

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 8,965 MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20 03/14/05

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						MOI	NTHLY AVERA	.GE
582 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	Ε		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	485	45 <b>,</b> 962	\$	545,730.81	\$ 11.87	78.973	1125.22	\$ 937.68
@PHYSICIANS SERVICES	171	747	\$	31,734.23	\$ 42.48	1.284	\$ 185.58	\$ 54.53
OUTPATIENT VISITS	81	114		4,984.33	43.72	.196	61.53	8.56
OFFICE VISITS	54	70		2,392.76	34.18	.120	44.31	4.11
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	36	39		2,408.21	61.75	.067	66.89	4.14
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	5		183.36	36.67	.009	36.67	.32
INPATIENT VISITS	11	137		12,851.89	93.81	.235	1168.35	22.08
HOSPITAL VISITS	11	95		4,053.63	42.67	.163	368.51	6.97
CRITICAL CARE	5	34		8,491.56	249.75	.058	1698.31	14.59

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	1	8	306.70	38.34	.014	306.70	.53
OPHTHALMOLOGICAL SERVICES	2	2	96.61	48.31	.003	48.31	.17
EXAMINATIONS	2	2	96.61	48.31	.003	48.31	.17
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	8	31	1,792.85	57.83	.053	224.11	3.08
PRINCIPAL SURGEON	7	7	1,276.72	182.39	.012	182.39	2.19
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	24	516.13	21.51	.041	258.07	.89
OUTPATIENT SURGERY	19	57	2,756.03	48.35	.098	145.05	4.74
PRINCIPAL SURGEON	16	16	1,713.41	107.09	.027	107.09	2.94
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	41	1,042.62	25.43	.070	260.66	1.79
DIALYSIS	10	15	3,160.56	210.70	.026	316.06	5.43
PATHOLOGY	10	43	571.05	13.28	.074	57.11	.98
RADIOLOGY	33	118	2,337.28	19.81	.203	70.83	4.02
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	85	230	3,183.63	13.84	.395	37.45	5.47
@PHARMACY	375	20,821	\$ 162,679.78	\$ 7.81	35.775	\$ 433.81	\$ 279.52
PRESCRIPTION DRUGS	365	1,487	155,866.40	104.82	2.555	427.03	267.81
SNF/ICF	1	2	259.24	129.62	.003	259.24	.45
OUTPATIENTS	364	1,485	155,607.16	104.79	2.552	427.49	267.37
MEDICAL SUPPLIES	61	19,334	6,813.38	.35	33.220	111.69	11.71
@DENTIST	30	116	\$ 2,697.00	\$ 23.25	.199	\$ 89.90	\$ 4.63
VISITS - DIAGNOSTIC	26	73	1,474.00	20.19	.125	56.69	2.53
ORAL SURGERY	5	7	388.00	55.43	.012	77.60	.67
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	71.00	71.00	.002	71.00	.12
RESTORATIVE DENTISTRY	6	21	764.00	36.38	.036	127.33	1.31
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	14	.00	.00	.024	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2004 THRU DEC	2004	PAGE 8,966
MOP024	FEE-FOR-SERVICE/DENTA	AL					03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

NEVADA COUNTY	SUMMARY OF SER	VICES FOR CASH G	RANT	- BLIND		AID CODE	20				
							M	ON:	THLY AVERA	GE	
582 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	E		PEF	R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	4	9	\$	717.49	\$		.015	\$	179.37	\$	1.23
DIAGNOSTIC AND ANC. PROCED	1	1		47.45		47.45	.002		47.45		.08
EYE APPLIANCES	2	4		432.85		108.21	.007		216.43		.74
OTHER OPTOMETRIC SERVICES	3	4		237.19		59.30	.007		79.06		.41
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$		\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	5	6	\$	89.78	\$	14.96	.010	\$		\$	.15
MEDICINE/INJECTIONS	1	1		62.41		62.41	.002		62.41		.11
SURGERY/ANES.	1	1		15.00		15.00	.002		15.00		.03
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	4	4		12.37		3.09	.007		3.09		.02
@HOME HEALTH AGENCY	11	1,213	\$		\$		2.084		3334.63		63.03
NURSE ANESTHESIST	1	11	\$	29.88	\$	2.72	.019			\$	.05
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000			\$	.00
PEDIATRIC NURSE PRACTITIONER		0	\$		\$	.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0	0	\$		\$	.00	.000		.00		.00
@TOTAL HOSPITAL	129	662	\$			255.07		\$	1308.97	\$	290.13
HOSP INPATIENT TOTAL	14	94		147,448.11		1568.60	.162		10532.01		253.35
HSC HOSPITALS	6	48		64,917.00		1352.44	.082		10819.50		111.54
NON-HSC HOSPITAL TOTAL	2	46		77,347.11		1681.46	.079		38673.56		132.90
ACCOMMODATIONS	2	46		16,069.10		349.33	.079		8034.55		27.61
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	46		16,069.10		349.33	.079		8034.55		27.61
ANCILLARIES	2	0		61,278.01		.00	.000		30639.01		105.29
INPATIENT CROSSOVERS	6	0		5,184.00		.00	.000		864.00		8.91
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	122	568		21,409.58		37.69	.976		175.49		36.79
MEDICAL	20	25		863.74		34.55	.043		43.19		1.48
SURGERY	11	11		287.89		26.17	.019		26.17		.49
PATHOLOGY	39	138		1,531.83		11.10	.237		39.28		2.63
RADIOLOGY	33	40		10,773.89		269.35	.069		326.48		18.51
ROOM USE	50	66		2,645.01		40.08	.113		52.90		4.54
CROSSOVERS/ALL OTH OUTPTNT		288		5,307.22		18.43	.495		79.21		9.12
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	Ş		Ş	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	U	Ü		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES N	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DEC	2004	PAGE 8,967
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES F	OR CASH GRANT	- BLIND	AID CODE	20		
					MONTH	ILY AVERAG	F

					MO	NTHLY AVERA	GE
582 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
**		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	129	662 \$	168,857.69	\$ 255.07		\$ 1308.97	\$ 290.13
COMM HOSP INPATIENT TOTAL	14	94	147,448.11	1568.60	.162	10532.01	253.35
HSC HOSPITALS	6	48	64,917.00	1352.44	.082	10819.50	111.54
NON-HSC HOSPITALS TOTAL	2	46	77,347.11	1681.46	.079	38673.56	132.90
ACCOMMODATIONS	2	46	16,069.10	349.33	.079	8034.55	27.61
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	46	16,069.10	349.33	.079	8034.55	27.61
ANCILLARIES	2	0	61,278.01	.00	.000	30639.01	105.29
INPATIENT CROSSOVERS	6	0	5,184.00	.00	.000	864.00	8.91
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	122	568	21,409.58	37.69	.976	175.49	36.79
MEDICAL	20	25	863.74	34.55	.043	43.19	1.48
SURGERY	11	11	287.89	26.17	.019	26.17	.49
PATHOLOGY	39	138	1,531.83	11.10	.237	39.28	2.63
RADIOLOGY	33	40	10,773.89	269.35	.069	326.48	18.51
ROOM USE	50	66	2,645.01	40.08	.113	52.90	4.54
CROSSOVERS/ALL OTH OUTPINT	67	288	5,307.22	18.43	.495	79.21	9.12
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2	89 \$	15,977.78	\$ 179.53	.153	\$ 7988.89	\$ 27.45
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	1	24	8,276.88	344.87	.041	8276.88	14.22
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	65	7,700.90	118.48	.112	7700.90	13.23
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	18	1,500 \$	40,422.25	\$ 26.95	2.577	\$ 2245.68	\$ 69.45
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	18	1,500	40,422.25	26.95	2.577	2245.68	69.45
@REHABILITATION FACILITY	10	160 \$	2,417.21	\$ 15.11	.275	\$ 241.72	\$ 4.15
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	10	160	2,417.21	15.11	.275	241.72	4.15
@LABORATORY FACILITY	11	124 \$		\$ 13.89	.213		
PATHOLOGY	11	124	1,722.51	13.89	.213	156.59	2.96
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	26	44 \$	4,482.53	\$ 101.88	.076	\$ 172.41	\$ 7.70
CLINIC	6	6	196.41	32.74	.010	32.74	.34
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	. 0.0	. 00	. 000	. 00	.00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	20	3.8	4.286 12	112 79	065	214 31	7.36
#CALLE DEDA OE REVIAR GEDV	MEDI-CAI SERVIC	EC VND EADENDILLIDES	MONTULOF-DAVMENT	DEDODE EOD TAM	מת ווסטיי 2007	211.J1	PAGE 8,968
			MONIII OF FAIMENI .	KEFOKI FOK OAN	2004 IIIKO DE	10 2004	03/14/05
MOP024	FEE-FOR-SERVICE			3.75 005	T 00		03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR CASH GRAN	NT - BLIND	AID COD			
							GE
582 ELIGIBLES	USERS		EXPENDITURES		T UNITS/DAYS		COST PER
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION		OR DAYS OF CARE		PER UNIT/DA	Y PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	193	20,460 \$	77,221.79	\$ 3.77	35.155	¥ 400.11	\$ 132.68
DURABLE MED. EQUIP.	12	29	6,149.86		.050	512.49	10.57
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	0 2 242	50.00		.003	25.00	.09
MEDICAL TRANSPORTATION	13	242	3 897 01		.416	299.77	
AMBULANCES/AIR TRANS	1 2	233	2,053.91			171.16	3.53
OTHER TRANS	1	233	43.10		.014	43.10	.07
	1	233 8 1 0 360	1,800.00	1800.00			
OTHER SERVICES	1	Ţ	1,800.00		.002	1800.00	3.09
ACUPUNCTURE ADULT DAY HEALTH CARE CTR	0	Ü	.00		.000	.00	.00
ADULT DAY HEALTH CARE CTR	38	360	25,048.80		.619	659.18	43.04
GENETIC DISEASE TESTING	0	0	.00		.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	5	12	2,396.70	199.73	.021	479.34	4.12
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	8	76.00	9.50	.014	25.33	.13
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS	0	360 0 12 0 8 0 0 7 7 7 0 0 4 0 0 7,267 0 0	.00		.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	7	91.54		.012	45.77	.16
DDOGTUETTCC	2	7	91.54		.012	45.77	.16
ODDINGTOS	2	,	.00		.000	.00	.00
DRYGUOLOGICE	0	0	.00				
PSYCHOLOGIST	U	U	.00		.000	.00	.00
SPEECH AND AUDIOLOGY	3	4	70.00		.007	23.33	.12
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00 33,133.33	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	53	7 <b>,</b> 267	33,133.33	4.56	12.486	625.16 .00	56.93
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0 81	12,529	6,308.55		21.527		10.84
@CALIF. CHILDREN SERVICES*	32	915	86 245 24	\$ 94.26	1.572		\$ 148.19
@XOVER EXCLUDING STATE HOSP*		4,758	14 522 85	\$ 3.05	8.175		
@* TOTALS IN THESE LINES ARE				٧ ٥.00	0.175 4	, 112.50	7 24.33
-			•				
THE AMOUNTS ARE ALREADY IN							
** THESE DATA ARE INCLUDED							
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2004 THRU DE	1C 2004	
MOP024	FEE-FOR-SERVICE						03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR CASH GRAN	T - DISABLED	AID COD	E 60		
					MON	ITHLY AVERA	GE
17,674 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS	T UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DA	Y PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	14,697	324,738 \$	10,567,842.43		18.374		
@PHYSICIANS SERVICES	4,401	17,886			1.012		•
OUTPATIENT VISITS	2,469	3,777	150,949.61		.214	61.14	8.54
OFFICE VISITS		•	•				
	1,697	2,401	74,902.52		.136	44.14	4.24
HOME VISITS	5	7	225.58		.000	45.12	.01
EMERGENCY ROOM	866	1,180	70,047.96	59.36	.067	80.89	3.96

PREVENTIVE CARE	1 6 170 248 219 17	1	65.78	65.78	.000	65.78	.00
OB VISITS/COMPRE PERI	6		681.33	85.17		113.56	.04
OTHER OUTPATIENT	170	180	5,026.44 42,012.30	27.92	.010	29.57	.28
INPATIENT VISITS	248	865	42,012.30	27.92 48.57	.049	169.40	2.38
HOSPITAL VISITS	219	771			.044	163.37	2.02
CRITICAL CARE	17	4.6	4.680.83	101 76	.003	275.34	.26
CME/ICE/TDAMS ID CADE	3.0	10	1 552 65	32.35	.003	51.76	.09
ODUMNALMOLOGICAL CEDUTCES	30	100	1,332.03	41.91	.006	49.92	.25
OPHINALMOLOGICAL SERVICES	0.9	48 106 105	4,442.02	41.91 41.98			
HOSPITAL VISITS CRITICAL CARE SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES EXAMINATIONS SERVICES AND MATERIALS	88	105	4,407.53	41.98	.006	50.09	.25
SERVICES AND MATERIALS	1	1	35.29	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	107	1 2,532	35.29 51,219.48	20.23		478.69	2.90
PRINCIPAL SURGEON	68	115	35,946.98	312.58 140.65 5.70	.007	528.63	2.03
ASSISTANT SURGEON	11	11	1,547.17	140.65	.001	140.65	.09
ANESTHESIOLOGIST	51	2,406	13,725.33	5.70	.136	269.12	.78
OUTPATIENT SURGERY	326	1,513	56,147.13 45,361.17	37.11	.086	172.23	3.18
PRINCIPAL SURGEON	272	328	45,361.17	138.30	.019	172.23 166.77	2.57
ASSISTANT SURGEON	2	2	243 91	121 96		121.96	.01
ANESTHESTOLOGIST	64	2 1,183	243.91 10,542.05	8 91	.067	164.72	.60
DIMINGE	15	84	5,715.07	69 04	.005	381.00	.32
DIMITOTOCA	200	602	12 700 22	22 01	.034	47.88	.78
PATHOLOGY	288	1 010	13,789.23 72,673.89	22.91			
RADIOLOGY	996	1,812				72.97	4.11
PSYCHIATRY	./	9	487.51	54.17	.001	69.64	.03
EXAMINATIONS SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS	103	1 <b>,</b> 188	18,323.84	15.42	.067	177.90	1.04
OTHER SERVICES/ALL X-OVERS	1,817		108,431.90 6,130,669.90	20.09	.305	59.68	6.14
@PHARMACY	11 <b>,</b> 693	156,461 \$	6,130,669.90	\$ 39.18	8.853 \$	524.30	\$ 346.88
PRESCRIPTION DRUGS	11,580	50,529	6,037,836.58	119.49	2.859	521.40	341.62
SNF/ICF	205	1,598	136,316.72	85.30	.090	664.96	7.71
OUTPATIENTS	11,416	48.931	5,901,519.86	120.61	2.769	516.95	333.91
OTHER SERVICES/ALL X-OVERS  @PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES  @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	795	1,598 48,931 105,932	92,833.32	.88	5.994	116.77	5.25
@DENTIST	649	2,709 \$	103,941.18		.153 \$		
VICITS - DIACMOSTIC	115	1 611	24 121 00		.091	54.21	1.36
ODAL CUDCEDY	115	307	15,973.75	52.03	.017	138.90	.90
DRICG	113	307	13,973.73				
DRUGS	6	307 6 2 37 55 558 5 105 0	125.00	20.83	.000	20.83	
ANESTHESIA	2	2	200.00 3,152.00 11,439.00	100.00	.000	100.00	.01
PERIODONTICS	27	3.7	3,152.00 11,439.00	85.19	.002	116.74	.18
ENDODONTICS	42	55	11,439.00	201.50	.003	272.36	.65
RESTORATIVE DENTISTRY	207	558	30,507.95	54.67	.032	147.38	1.73
PROSTHETICS	5	5	120.00	24.00	.000	24.00	.01
DENTURES, STAYPLATES	43	105	18,154.50	172.90	.006	422.20	1.03
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	112.08	112.08	.000	112.08	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	35.00	35.00	.000	35.00	.00
ALL OTHER SERVICES	24	18	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI_CNI CEDUIC	ES AND EXPENDITURES					PAGE 8,970
#CALIF DEFI OF REALIR SERV	MEDI-CAL SERVIC		MONIH-OF-FAIMENI K	LECKI FOR JAN .	ZUU4 INKU DE(	2004	03/14/05
MOP024	FEE-FOR-SERVICE			7.TD CODE	60		03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR CASH GRAN	T - DISABLED	AID CODE			
4- 4-4					MON'		
17,674 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	332	1,055 \$	21,801.30	\$ 20.66	.060 \$	65.67	\$ 1.23
DIAGNOSTIC AND ANC. PROCED	160	164	7,039.36	42.92	.009	44.00	.40
EYE APPLIANCES	285	853	13,816.74	16.20	.048	48.48	.78
OTHER OPTOMETRIC SERVICES	23	38	945.20	24.87	.002	41.10	.05
@CHIROPRACTOR	112	213 \$	3,501.44		.012 \$	31.26	
VISITS	99	197	3,252.04	16.51	.011	32.85	.18
		± 2 /	J, 4J4.U4	T O • O T	• 0 + +	JZ . UJ	• ± 0

OTHER SERVICES	13	16	249.40	15.59	.001	19.18	.01
@PODIATRIST	112	144	\$ 3,238.76	\$ 22.49	.008	\$ 28.92	\$ .18
MEDICINE/INJECTIONS	61	70	2,060.87	29.44	.004	33.78	.12
SURGERY/ANES.	4	4	78.00	19.50	.000	19.50	.00
RADIO./PATHOLOGY	2	2	41.52	20.76	.000	20.76	.00
OTHER	52	68	1,058.37	15.56	.004	20.35	.06
@HOME HEALTH AGENCY	80	484	\$ 31,681.02	\$ 65.46	.027	\$ 396.01	\$ 1.79
NURSE ANESTHESIST	1	5	\$ 103.81	\$ 20.76	.000	\$ 103.81	\$ .01
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	60	73	\$ 1,793.12	\$ 24.56	.004	\$ 29.89	\$ .10
@TOTAL HOSPITAL	3 <b>,</b> 232	17,122	\$ 2,172,066.50	\$ 126.86	.969	\$ 672.05	\$ 122.90
HOSP INPATIENT TOTAL	303	916	1,740,695.14	1900.32	.052	5744.87	98.49
HSC HOSPITALS	43	273	342,316.00	1253.90	.015	7960.84	19.37
NON-HSC HOSPITAL TOTAL	164	643	1,301,181.38	2023.61	.036	7934.03	73.62
ACCOMMODATIONS	164	643	300,105.26	466.73	.036	1829.91	16.98
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	164	643	300,105.26	466.73	.036	1829.91	16.98
ANCILLARIES	164	0	1,001,076.12	.00	.000	6104.12	56.64
INPATIENT CROSSOVERS	99	0	97 <b>,</b> 197.76	.00	.000	981.80	5.50
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3 <b>,</b> 050	16,206	431,371.36	26.62	.917	141.43	24.41
MEDICAL	491	737	27,054.24	36.71	.042	55.10	1.53
SURGERY	239	258	9,049.12	35.07	.015	37.86	.51
PATHOLOGY	1,262	5,737	67 <b>,</b> 965.09	11.85	.325	53.86	3.85
RADIOLOGY	825	1,370	120,612.39	88.04	.078	146.20	6.82
ROOM USE	1,263	1,923	76 <b>,</b> 689.04	39.88	.109	60.72	4.34
CROSSOVERS/ALL OTH OUTPTNT	1,483	6,181	130,001.48	21.03	.350	87.66	7.36
@COUNTY HOSPITAL TOTAL	12	126	\$ 10,048.87	\$ 79.75	.007	\$ 837.41	\$ .57
CO HOSPITAL INPATIENT TOTAL	1	5	4,575.00	915.00	.000	4575.00	.26
HSC HOSPITALS	1	5	4,575.00	915.00	.000	4575.00	.26

NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	11	121		5,473.87	45.24	.007	497.62		.31
MEDICAL				389.51	43.28	.001	497.62 129.84		.02
SURGERY	2	5 30 13		234.48	43.28 46.90 18.30 106.49	.000	117.24		.01
PATHOLOGY	2	3.0		548.88	10.30	.002	182.96		.03
RADIOLOGY	J	13		1,384.39	10.30	.002	346.10		.03
ROOM USE	4	12		449.31	37.44	.001	89.86		.03
CROSSOVERS/ALL OTH OUTPTNT	10	52		2,467.30	47.45	.001	246.73		.14
#CALIF DEPT OF HEALTH SERV	MEDI CAI CEDITIC		IDEC M	ONTH-OF-PAYMENT R				Ъ	.14 AGE 8,971
MOP024	FEE-FOR-SERVICE		UKES M	ONIH-OF-PAIMENI R.	EPORI FOR JAN	ZUU4 IHRU DE	C 2004	P.	03/14/05
NEVADA COUNTY			CRANT	- DISABLED	AID CODE	60			03/14/03
NEVIIDII COONII	DOTHER OF BEIN	TODO TOR CAUTE	Oldini	DIGNELLE	MID CODE	MON	THLY AVERA	GE.	
17,674 ELIGIBLES	USERS	UNITS OF SERVI	CE.	EXPENDITURES	AVERAGE COST				COST PER
17,071 11110111110	ODLING	OR DAYS OF CAL			PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,227	16,996	\$	2,162,017.63	ć 107 O1	0.00 0	669.98		
	302	911	Υ	1,736,120.14	1905 73	.052	5748.74	Ψ.	98.23
HSC HOSPITALS	12	268		337,741.00	1260.73	.015	8041.45		19.11
NON-HSC HOSPITALS TOTAL	164 164	643		1,301,181.38	2023 61	.036	7934.03		73.62
	164	643		300,105.26	166 73	.036	1829.91		16.98
ADMINISTRATIVE DAYS	164 0 0 164 164 99	643 0 0		.00	\$ 127.21 1905.73 1260.23 2023.61 466.73 .00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	164	643		300,105.26	166 73	.036	1829.91		16.98
ANCILLARIES	104	043		300,105.26 1,001,076.12 97,197.76	400.73	.000	6104.12		56.64
INPATIENT CROSSOVERS	99	0		97,197.76	.00	.000	981.80		5.50
ALL OTHER INPATIENT	0	0 0 16,085		.00	466.73 .00 .00 .00 .00 26.48 36.63	.000	.00		.00
ALL CIRER INVALLENT	2 0 4 5	16 095		425,897.49	26.40	.910	120 07		24.10
COMM HOSP OUTPATIENT TOTAL MEDICAL	3,043 100	728		26,664.73	20.40	.041	139.87 54.64		1.51
SURGERY	488 237	0.50		8,814.64	20.03	.014	37.19		.50
PATHOLOGY	1,260	5,707		67,416.21	34.84 11.81	.323	53.50		3.81
	823	1 257		119,228.00	87.86	.077	144.87		6.75
RADIOLOGY ROOM USE	1,263	1,357 1,911		76,239.73	39.90	.108	60.36		4.31
	1,203	6,129			20.81		86.41		7.22
CROSSOVERS/ALL OIR OUIPINI	1,476	0,129	\$	127,534.18		.347 .000 \$		ċ	.00
@STATE HOSPITAL MENTALLY ILL		0	Ą	.00	.00	.000 \$	.00	Ą	.00
	0	0				.000	.00		.00
DEVELOP. DISABLED	149	3 <b>,</b> 847	\$	.00 516,735.22	.00 \$ 134.32		3468.02	ċ	29.24
@NURSING FACILITY		·	Ą					Ş	
LEV A-INTERMEDIATE	0 11	0		.00	.00	.000	.00		.00
LEV B-REHAB MD		312		39,099.84	125.32	.018	3554.53		2.21
LEV B-SUBACUTE FREESTANDING	•	•		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	120	0		.00	.00	.000	.00		.00

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

138

0

0

0

0

74

0

74

3,535

0

4,036

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4,036

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477,635.38

119,334.37

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1612.63

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.228 \$ 1612.63 \$

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6.75

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6.75

@REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	29	428	\$ 6,596.31	\$	15.41	.024 \$	227.46 13.05	
HOSPITAL BASED	2	2CR	20.10		13.05CR			
INDEPENDENT FACILITY	27	430	6,570.21		15.28			
@LABORATORY FACILITY	412	1,460	\$ 18,208.75	\$	12.47	.083 \$	44.20	
PATHOLOGY	406	1,434	18,026.99		12.5/	.081		1.02
XO AND OTHERS	6	26	181.76 \$ 327,141.64		6.99	.001		.01
001101111111111111111111111111111111111				\$	104.85	.177 \$	173.92 46.11 186.62	\$ 18.51
CLINIC	489	755 34	22,548.31 1,679.55		29.87	.043	46.11	1.28
SURGICENTER					49.40	.002	186.62	.10
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00
RURAL HEALTH CLINIC	1,396	2,331	302,913.78		129.95	.132	216.99	17.14
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE:	S MONTH-OF-PAYMENT	REPORT	FOR JAN 2	004 THRU DE	C 2004	PAGE 8,972
MOP024	FEE-FOR-SERVICE	/DENTAL						03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR CASH GRAI	NT - DISABLED		AID CODE	60		
						MON'		GE
17,674 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER	R UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2,061	115,695	\$ 586,294.14	\$	5.07	6.546 \$	284.47	\$ 33.17
DURABLE MED. EQUIP.	256	822	107,709.31		131.03	.047	420.74	6.09
BLOOD BANK	0	0	.00		.00	.000	.00 181.63 229.32	.00
HEARING AID DISPENSERS	21	28	3,814.28		136.22	.002	181.63	.22
MEDICAL TRANSPORTATION	227	3,162	52,056.61		16.46	.179	229.32	2.95
AMBULANCES/AIR TRANS	215	2,672	40,148.96		15.03	.151	186.74	2.27
OTHER TRANS	13	467	973.97		2.09	.026	186.74 74.92	.06
OTHER SERVICES	12	23	10.933 68		475 38	.001	911.14	.62
ACUPUNCTURE		13	222 83		17 14	001	37.14	.01
ADULT DAY HEALTH CARE CTR	154	1 763	122 669 54		69 58	.100	796.56	6.94
CENETIC DISEASE TESTING	3	± <b>,</b> 7,00	315 00		105.00	.000		
THMC MODEL NE NE NIDO MOOD	24	2 337	75 278 67		32 21	.132	105.00 3136.61	4.26
OCCUPATIONAL THERAPICA	24	2,337	13,210.01		20 50	.001	514.74	.03
OCCUPATIONAL INERAPIST	330	704	7 042 42		10.00	.045	23.43	.45
OPIICIAN	339	1 4	7,943.43		20.10	.043	140.83	.43
PHISICAL THERAPIST		14	281.65		20.12	.001	140.83	.02
PORTABLE X-RAY	1.0	104	26 216 25		19.77	.002	53.14 424.46	.05
PROSTHETIST/ORTHOTISTS	62	184	26,316.25		143.02	.010		
PROSTHETICS	62	184	26,316.25		143.02	.010	424.46	1.49
ORTHOTICS	U	U	.00		.00	.000	.00	
PSYCHOLOGIST	3	4	569.95		142.49	.000	189.98	.03
SPEECH AND AUDIOLOGY	29	96	4,012.75		41.80	.005	138.37 1621.23	.23
HOSPICE SERVICES	11	130	17,833.56	1	137.18	.007		
NONINST BIRTHING CENTERS	0	0	.00		.00	.000 1.439	.00	.00
0ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS  @CALIF. CHILDREN SERVICES*	392	25,441	4,012.75 17,833.56 .00 97,361.54 .00 .00 .00		3.83	1.439	248.37	5.51
EPSDT SUPPLEMENTAL SERVICE	0	, 0 0 0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		• 0 0	• 0 0 0	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	660	80,836 10,920	68,543.73		.85	4.574 .618 \$	103.85	3.88
@CALIF. CHILDREN SERVICES*	187	10,920	7 181,401.83	P	16.61	.618 \$	970.06	\$ 10.26
@XOVER EXCLUDING STATE HOSP*	* 2 <b>,</b> 149	21,167	\$ 310,675.15	\$	14.68	1.198 \$	144.57	\$ 17.58
0* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR	ATE INFORMATION IT	EM ONLY;					
THE AMOUNTS ARE ALREADY II	NCLUDED IN THE AF	PROPRIATE DETAIL L	INES ABOVE.					
** THESE DATA ARE INCLUDED	IN THE APPROPRIAT	'E DETAIL LINES ABO'	VE.					
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE:	S MONTH-OF-PAYMENT	REPORT	FOR JAN 2	:004 THRU DE	C 2004	PAGE 8,973
MOP024	FEE-FOR-SERVICE	/DENTAL						03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR CGF 30-3	3 35 40 42 3A-3M 3P	3R 3U	J 3W 4C-4G			
						MON'	THLY AVERA	GE
15,288 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAYS		COST PER
		OR DAYS OF CARE		PER	R UNIT/DAY	PER ELIG	USER	ELIGIBLE

@TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES OUTPATIENT VISITS OFFICE VISITS	8,379 3,430 2,789 1,853	44,201 8,795 3,765 2,388	\$ \$	2,114,017.96 305,882.21 141,025.13 73,349.97		47.83 34.78 37.46 30.72	2.89 .57 .24	5 \$ 6	252.30 89.18 50.56 39.58		138.28 20.01 9.22 4.80
HOME VISITS	0	0		.00		.00	.00		.00		.00
EMERGENCY ROOM	1,085	1,286		63,674.20		49.51	.08	1	58.69		4.16
PREVENTIVE CARE	4	4		176.74		44.19	.00		44.19		.01
OB VISITS/COMPRE PERI	18	23		1,760.76		76.55	.00		97.82		.12
OTHER OUTPATIENT	56	64		2,063.46		32.24	.00		36.85		.13
INPATIENT VISITS	92	294		20,791.45		70.72	.01		225.99		1.36
HOSPITAL VISITS	87	207		10,168.09		49.12	.01		116.87		.67
CRITICAL CARE	12	87		10,623.36		122.11	.00		885.28		.69
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.00		.00		.00
OPHTHALMOLOGICAL SERVICES	44	52		2,181.14		41.95	.00		49.57		.14
EXAMINATIONS	43	51		2,175.14		42.65	.00		50.58		.14
SERVICES AND MATERIALS	1	1		6.00		6.00	.00		6.00		.00
INPATIENT HOSPITAL SURGERY	69	634		31,133.25		49.11	.04		451.21		2.04
PRINCIPAL SURGEON	46	65		24,494.36		376.84	.00		532.49		1.60
ASSISTANT SURGEON	4	4		682.94		170.74	.00		170.74		.04
ANESTHESIOLOGIST	29	565		5,955.95		10.54	.03		205.38		.39
OUTPATIENT SURGERY	303	1,143		41,317.58		36.15	.07		136.36		2.70
PRINCIPAL SURGEON	264	319		33,446.50		104.85	.02		126.69		2.19
ASSISTANT SURGEON	0	0		.00		.00	.00		.00		.00
ANESTHESIOLOGIST	59	824		7,871.08		9.55	.05		133.41		.51
DIALYSIS	0	0		.00		.00	.00		.00		.00
PATHOLOGY	283	437		6,867.43		15.71	.02		24.27		.45
RADIOLOGY	704	1,025		24,900.92		24.29	.06		35.37		1.63
PSYCHIATRY IMMUNIZATION AND INJECTION	62	0 129		.00 6,666.26		.00 51.68	.00		.00 107.52		.00
OTHER SERVICES/ALL X-OVERS	363	1,316		30,999.05		23.56	.00		85.40		2.03
@PHARMACY	3 <b>,</b> 740	10,065	\$	503,431.10	\$			3 \$		Ċ	32.93
PRESCRIPTION DRUGS	3,740 3,725	8,389	Ų	499,005.48	Ą	59.48	.54		134.01	Ų	32.93
SNF/ICF	3,723	0,309		.00		.00	.00		.00		.00
OUTPATIENTS	3 <b>,</b> 725	8,389		499,005.48		59.48	.54		133.96		32.64
MEDICAL SUPPLIES	88	1,676		4,425.62		2.64	.11		50.29		.29
@DENTIST	694	3,218	\$	106,367.64	\$			) \$	153.27	Ś	6.96
VISITS - DIAGNOSTIC	504	2,083	۲	34,671.09	Ψ	16.64	.13		68.79	Y	2.27
ORAL SURGERY	92	224		14,583.00		65.10	.01		158.51		.95
DRUGS	31	38		875.00		23.03	.00		28.23		.06
ANESTHESIA	6	6		525.00		87.50	.00		87.50		.03
PERIODONTICS	5	5		291.00		58.20	.00		58.20		.02
ENDODONTICS	46	92		11,990.25		130.33	.00	5	260.66		.78
RESTORATIVE DENTISTRY	244	670		36,933.30		55.12	.04	1	151.37		2.42
PROSTHETICS	1	1		.00		.00	.00	)	.00		.00
DENTURES, STAYPLATES	10	25		2,692.00		107.68	.00	2	269.20		.18
SPACE MAINTAINERS	5	5		582.00		116.40	.00	)	116.40		.04
MAXILLOFACIAL SERVICES	1	1		50.00		50.00	.00	)	50.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.00	)	.00		.00
ORTHODONTIC SERVICES	32	61		3,025.00		49.59	.00	1	94.53		.20
ALL OTHER SERVICES	20	7		150.00		21.43	.00	)	7.50		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES 1	MONTH-OF-PAYMENT R	EPOR'	r for Jan	2004 THR	J DEC	2004	PAG	GE 8,974
MOP024	FEE-FOR-SERVICE										03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR CGF 30	-33	35 40 42 3A-3M 3P	3R 31	J 3W 4C-4G					
									HLY AVERA		
15,288 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST			COST PER		OST PER

PER UNIT/DAY PER ELIG USER

ELIGIBLE

OR DAYS OF CARE

@OPTOMETRIST	181	548	\$	12,356.51	\$	22.55	.036	\$ 68.27	\$	.81
DIAGNOSTIC AND ANC. PROCED	142	145		6,285.43		43.35	.009	44.26		.41
EYE APPLIANCES	140	403		6,071.08		15.06	.026	43.36		.40
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	95	166	\$	2,721.18	\$	16.39	.011		\$	.18
VISITS	95	166		2,721.18		16.39	.011	28.64		.18
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	22	29	\$	840.93	\$	29.00	.002		Ś	.06
MEDICINE/INJECTIONS	22	26	7	794.91	-	30.57	.002	36.13	7	.05
SURGERY/ANES.	2	2		27.00		13.50	.000	13.50		.00
RADIO./PATHOLOGY	1	1		19.02		19.02	.000	19.02		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	13	40	\$	2,568.37	\$	64.21	.003		Ċ	.17
	0	0		•						
NURSE ANESTHESIST	•		\$	.00	\$	.00		\$ .00	\$	.00
NURSE MIDWIFE	11	76	\$	4,905.79	\$	64.55		\$ 445.98	\$	.32
PEDIATRIC NURSE PRACTITIONER		0	Ş	.00	\$	.00		\$ .00	\$	.00
FAMILY NURSE PRACTITIONER	66	86	Ş	2,116.29	\$			\$ 32.07		.14
@TOTAL HOSPITAL	2,032	9,082	Ş	830,770.47	Ş	91.47		\$ 408.84	Ş	54.34
HOSP INPATIENT TOTAL	96	377		594,800.34		1577.72	.025	6195.84		38.91
HSC HOSPITALS	17	120		166,275.02		1385.63	.008	9780.88		10.88
NON-HSC HOSPITAL TOTAL	79	257		428,525.32		1667.41	.017	5424.37		28.03
ACCOMMODATIONS	79	257		101,398.56		394.55	.017	1283.53		6.63
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	79	257		101,398.56		394.55	.017	1283.53		6.63
ANCILLARIES	79	0		327,126.76		.00	.000	4140.85		21.40
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
	1,992	8,705		235,970.13		27.11	.569	118.46		15.43
MEDICAL	320	427		20,188.08		47.28	.028	63.09		1.32
SURGERY	227	245		6,964.74		28.43	.016	30.68		.46
PATHOLOGY	753	2,914		36,239.91		12.44	.191	48.13		2.37
RADIOLOGY	604	786		47,865.82		60.90	.051	79.25		3.13
ROOM USE	1,357	1 <b>,</b> 799		70,362.25		39.11	.118	51.85		4.60
CROSSOVERS/ALL OTH OUTPTNT		2,534		54,349.33		21.45	.166	65.56		3.56
@COUNTY HOSPITAL TOTAL	6	34	\$	1,184.97	\$	34.85	.002		¢	.08
	•	0	Y	.00	Ŷ	.00	.002	.00	Y	.00
CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS	0	0		.00		.00	.000	.00		
	0	0						.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000			.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	6	34		1,184.97		34.85	.002	197.50		.08
MEDICAL	1	2		164.87		82.44	.000	164.87		.01
SURGERY	3	4		304.03		76.01	.000	101.34		.02
PATHOLOGY	2	13		231.58		17.81	.001	115.79		.02
RADIOLOGY	1	1		39.01		39.01	.000	39.01		.00
ROOM USE	4	7		362.86		51.84	.000	90.72		.02
CROSSOVERS/ALL OTH OUTPTNT	3	7		82.62		11.80	.000	27.54		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES M		EPOR				PA	AGE 8,975
MOP024	FEE-FOR-SERVICE/DEN									03/14/05
NEVADA COUNTY	CIIMMADV OF CEDVICES		-33 3	35 40 42 3 <b>7</b> 3M 3D 1	3 D 3	II 3W /C-/C				,, -9

SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

NEVADA COUNTY

15,288 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		S COST PER	OST PER
		OR DAYS OF CARI		PER UNIT/DAY	_	USER	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,027	9,048	\$ 829 <b>,</b> 585.50	\$ 91.69	.592		\$ 54.26
COMM HOSP INPATIENT TOTAL	96	377	594 <b>,</b> 800.34	1577.72	.025	6195.84	38.91
HSC HOSPITALS	17	120	166,275.02	1385.63	.008	9780.88	10.88
NON-HSC HOSPITALS TOTAL	79	257	,	1667.41		5424.37	28.03
ACCOMMODATIONS	79	257	101,398.56	394.55	.017	1283.53	6.63
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	79	257	101,398.56	394.55	.017	1283.53	6.63
ANCILLARIES	79	0	327,126.76	.00	.000	4140.85	21.40
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,987	8 <b>,</b> 671	234,785.16	27.08	.567	118.16	15.36
MEDICAL	319	425	20,023.21	47.11	.028	62.77	1.31
SURGERY	224	241	6,660.71	27.64	.016	29.74	.44
PATHOLOGY	751	2,901	36,008.33	12.41	.190	47.95	2.36
RADIOLOGY	603	785	47,826.81	60.93	.051	79.31	3.13
ROOM USE	1,353	1,792	69 <b>,</b> 999.39	39.06	.117	51.74	4.58
CROSSOVERS/ALL OTH OUTPTNT	826	2 <b>,</b> 527	54 <b>,</b> 266.71	21.47	.165	65.70	3.55
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

----- MONTHLY AVERAGE -----

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	48	\$	673.20	\$	14.03	.003	\$	673.20	\$	.04
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	1	48		673.20		14.03	.003		673.20		.04
@LABORATORY FACILITY	246	495	\$	8,867.28	\$	17.91	.032	\$	36.05	\$	.58
PATHOLOGY	246	495		8,867.28		17.91	.032		36.05		.58
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,486	2 <b>,</b> 385	\$	255,393.26	\$	107.08	.156	\$	171.87	\$	16.71
CLINIC	618	1,008		31,570.54		31.32	.066		51.09		2.07
SURGICENTER	9	51		1,693.75		33.21	.003		188.19		.11
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	875	1,326		222,128.97		167.52	.087		253.86		14.53
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITU	RES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC	2004	P.	AGE 8,976
MOP024	FEE-FOR-SERVICE/DENT	AL									03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES	FOR CGF 30	-33	35 40 42 3A-3M 3P	3R 3t	J 3W 4C-40	3				

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15,288 ELIGIBLES	USERS	UNITS OF SERVICE	CE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	RE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	971	9,168	\$	77,123.73	\$ 8.41	.600	\$ 79.43	\$ 5.04
DURABLE MED. EQUIP.	36	66		5 <b>,</b> 578.55	84.52	.004	154.96	.36
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	87	815		20,532.32	25.19	.053	236.00	1.34
AMBULANCES/AIR TRANS	87	811		13,332.32	16.44	.053	153.25	.87
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	4	4		7,200.00	1800.00	.000	1800.00	.47
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	13	13		1,341.00	103.15	.001	103.15	.09
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	160	352		3,036.07	8.63	.023	18.98	.20
PHYSICAL THERAPIST	1	7		118.99	17.00	.000	118.99	.01
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	17	23		2,880.10	125.22	.002	169.42	.19
PROSTHETICS	17	23		2,880.10	125.22	.002	169.42	.19
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	18		729.77	40.54	.001	145.95	.05
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	655	5 <b>,</b> 812		41,788.57	7.19	.380	63.80	2.73
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	19	2,062		1,118.36	.54	.135	58.86	.07
@CALIF. CHILDREN SERVICES*	60	1,219	\$	92,342.74	\$ 75.75	.080	\$ 1539.05	\$ 6.04
@XOVER EXCLUDING STATE HOSP**	1	6	\$	433.98	\$ 72.33	.000	\$ 433.98	\$ .03

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 8,977 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

NEVADA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

NEVADA COUNTY	SUMMARY OF SER	VICES FOR CASH GRANT -	- TOTAL				~=
							GE
36,091 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	25,530	461,302 \$	14,139,491.38	\$ 30.65	12.782		\$ 391.77
@PHYSICIANS SERVICES	8,405	28 <b>,</b> 734 \$	880 <b>,</b> 569.26	\$ 30.65	.796	\$ 104.77	\$ 24.40
OUTPATIENT VISITS	5,342	7,661	297,129.65	38.78	.212	55.62	8.23
OFFICE VISITS	3,606	4,862	150,746.85	31.01	.135	41.80	4.18
HOME VISITS	, 5	7	225.58	32.23	.000	45.12	.01
EMERGENCY ROOM	1,989	2,507	136,199.35	54.33	.069	68.48	3.77
PREVENTIVE CARE	5	5	242.52	48.50	.000	48.50	.01
OB VISITS/COMPRE PERI	24	31	2,442.09	78.78	.001	101.75	.07
OTHER OUTPATIENT	231	249	7,273.26	29.21	.007	31.49	.20
INPATIENT VISITS	351	1,296	75,655.64	58.38	.036	215.54	2.10
HOSPITAL VISITS	317	1,073	50,000.54	46.60	.030	157.73	1.39
	34	167	23,795.75	142.49	.005		.66
CRITICAL CARE						699.88	
SNF/ICF/TRANS IP CARE	31	56	1,859.35	33.20	.002	59.98	.05
OPHTHALMOLOGICAL SERVICES	135	160	6,720.57	42.00	.004	49.78	.19
EXAMINATIONS	133	158	6,679.28	42.27	.004	50.22	.19
SERVICES AND MATERIALS	2	2	41.29	20.65	.000	20.65	.00
INPATIENT HOSPITAL SURGERY	184	3 <b>,</b> 197	84,145.58	26.32	.089	457.31	2.33
PRINCIPAL SURGEON	121	187	61 <b>,</b> 718.06	330.04	.005	510.07	1.71
ASSISTANT SURGEON	15	15	2,230.11	148.67	.000	148.67	.06
ANESTHESIOLOGIST	82	2 <b>,</b> 995	20,197.41	6.74	.083	246.31	.56
OUTPATIENT SURGERY	651	2,764	100,535.22	36.37	.077	154.43	2.79
PRINCIPAL SURGEON	553	664	80,599.64	121.39	.018	145.75	2.23
ASSISTANT SURGEON	2	2	243.91	121.96	.000	121.96	.01
ANESTHESIOLOGIST	129	2,098	19,691.67	9.39	.058	152.65	.55
DIALYSIS	25	99	8,875.63	89.65	.003	355.03	.25
PATHOLOGY	582	1,083	21,247.31	19.62	.030	36.51	.59
RADIOLOGY	1,735	2 <b>,</b> 957	99,939.02	33.80	.082	57.60	2.77
PSYCHIATRY	. 7	. 9	487.51	54.17	.000	69.64	.01
IMMUNIZATION AND INJECTION	165	1,317	24,990.10	18.98	.036	151.46	.69
OTHER SERVICES/ALL X-OVERS	2,661	8,191	160,843.03	19.64	.227	60.44	4.46
@PHARMACY	17,485	228,962 \$	7,311,919.02	\$ 31.94	6.344		
PRESCRIPTION DRUGS	17,340	67,407	7,196,496.99	106.76	1.868	415.02	199.40
SNF/ICF	254	1,912	154,264.49	80.68	.053	607.34	4.27
OUTPATIENTS	17,134	65,495	7,042,232.50	107.52	1.815	411.01	195.12
MEDICAL SUPPLIES	1,056	161,555	115,422.03	.71	4.476	109.30	3.20
@DENTIST	1,438	6,227 \$		\$ 35.53	.173		
VISITS - DIAGNOSTIC	1,438	3,885	62,133.99	15.99	.108	61.04	1.72
	220	554	31,790.75	57.38	.015	144.50	.88
ORAL SURGERY	37	44		22.73			
DRUGS	3 / 8		1,000.00		.001	27.03	.03
ANESTHESIA	_	8	725.00	90.63	.000	90.63	.02
PERIODONTICS	33	43	3,531.50	82.13	.001	107.02	.10
ENDODONTICS	92	150	24,160.25	161.07	.004	262.61	.67
RESTORATIVE DENTISTRY	474	1,286	70,062.25	54.48	.036	147.81	1.94
PROSTHETICS	6	7	150.00	21.43	.000	25.00	.00
DENTURES, STAYPLATES	61	141	23,736.50	168.34	.004	389.12	.66
SPACE MAINTAINERS	5	5	582.00	116.40	.000	116.40	.02
MAXILLOFACIAL SERVICES	2	2	162.08	81.04	.000	81.04	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	33	62	3,060.00	49.35	.002	92.73	.08
ALL OTHER SERVICES	50	40	150.00	3.75	.001	3.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 8,978 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

----- MONTHLY AVERAGE -----

NEVADA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

							M	ON.T.	HLY AVERA	GE	
36,091 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AV.	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	3		PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	565	1,742	\$	37,474.59	\$	21.51	.048	\$	66.33	\$	1.04
DIAGNOSTIC AND ANC. PROCED	309	316		13,618.48		43.10	.009		44.07		.38
EYE APPLIANCES	565 309 462 38	1,364		22,015.13		16.14	.038		47.65		.61
OTHER OPTOMETRIC SERVICES	38	62		1,840.98		29.69	.002		48.45		.05
@CHIROPRACTOR	210	382	\$	6,267.79	Ċ		.011	Ċ	29.85	Ċ	.17
GCUIKOLKACIOK	104	363	٧		Ą	16.46	.011	۲	30.79	۲	.17
VISITS	194	303		5,973.22							
OTHER SERVICES	16	19	_	294.57	_	15.50	.001	_	18.41	_	.01
@PODIATRIST_	184	249	\$	,	\$		.007	Ş	26.69	Ş	.14
MEDICINE/INJECTIONS	84	97		2,918.19		30.08	.003		34.74		.08
SURGERY/ANES.	7	7		120.00		17.14	.000		17.14		.00
RADIO./PATHOLOGY	3	3		60.54		20.18	.000		20.18		.00
OTHER	101	142		1,812.59		12.76	.004		17.95		.05
@HOME HEALTH AGENCY	104	1,737	\$		\$	40.83	.048	\$	682.02	\$	1.97
NURSE ANESTHESIST	2	. 16	\$		\$	8.36	.000	Ś	66.85	Ś	.00
NIRSE MIDWIFE	11	76	\$		\$	64.55	.002		445.98		.14
PEDIATRIC NURSE PRACTITIONER	0	0	\$			.00	.000	Ś	.00		.00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	126 5,632 468	159	\$		\$		.004		31.03		.11
@TOTAL HOSPITAL	5 622	27 <b>,</b> 736	\$	3,313,476.99			.769		588.33		91.81
GIOIAL HOSPITAL	3,032	27,730	Ş	3,313,476.99	Ą	119.40		Ą		ې	72.32
HOSP INPATIENT TOTAL	400			2,610,135.80		1827.83	.040		5577.21		
HSC HOSPITALS	67 254	448		573,508.02		1280.15	.012		8559.82		15.89
NON-HSC HOSPITAL TOTAL	254	980		1,896,856.47		1827.83 1280.15 1935.57	.027		7467.94		52.56
ACCOMMODATIONS	254	980		431,4/3.55		440.28	.027		1698.71		11.96
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	254	980		431,473.55		440.28	.027		1698.71		11.96
ANCILLARIES	253	0		1,465,382.92		.00	.000		5792.03		40.60
INPATIENT CROSSOVERS	150	0 0 0 26,308		139,771.31		.00	.000		931.81		3.87
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5,357	26,308		703,341.19		26.73	.729		131.29		19.49
MEDICAL	832	1,190		48,117.02		40.43	.033		131.29 57.83		1.33
SURGERY	170	516		16,493.68		31.96	.014		34.43		.46
PATHOLOGY	2 055	8,791		105 744 57		12.03	.244		51.46		2.93
RADIOLOGY	2,055 1,462 2,675	2,196		105,744.57 179,252.10		81.63	.061		122.61		4.97
ROOM USE	2 675	2,130		150,035.68		39.54	.105		56.09		4.16
CROSSOVERS/ALL OTH OUTPTNT	2,568	3,795 9,820		203,698.14		20.74	.272		79.32		5.64
CROSSOVERS/ALL OIR OUIFINI	2,300	160	\$		Ċ	70.21		<b>~</b>	624.10	ċ	.31
@COUNTY HOSPITAL TOTAL	18	5	Ş	11,233.04	Ą	915.00	.004	Ą	4575.00	ې	.13
CO HOSPITAL INPATIENT TOTAL	1			4,575.00							
HSC HOSPITALS	1	5		4,575.00		915.00	.000		4575.00		.13
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1 0 0 0 0 0 0 0 0	155		6,658.84		42.96	.004		391.70		.18
MEDICAL	4	11		554.38		50.40	.000		138.60		.02
SURGERY	5	9		538.51		59.83	.000		107.70		.01
PATHOLOGY	5	43		780.46		18.15	.001		156.09		.02
LVIIIOTOQI	3	43		700.40		10.10	.001		100.09		.02

5 1,423.40 RADIOLOGY 14 101.67 .000 284.68 .04 90.24 9 19 42.75 ROOM USE 812.17 .001 .02 59 CROSSOVERS/ALL OTH OUTPTNT 13 2,549.92 43.22 .002 196.15 .07 PAGE 8,979 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

NEVADA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

NEVADA COUNTY	SUMMARY OF SERVIC	ES FOR CASH GRA	.NT	- TOTAL							
							1	INON	HLY AVERA	.GE	
36,091 ELIGIBLES	USERS U	NITS OF SERVICE		EXPENDITURES		RAGE COST			COST PER		COST PER
		OR DAYS OF CARE			PER	R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5 <b>,</b> 622	27 <b>,</b> 576	\$	3,302,243.15	\$	119.75	.764	\$	587.38	\$	91.50
COMM HOSP INPATIENT TOTAL	467	1,423		2,605,560.80		1831.03	.039		5579.36		72.19
HSC HOSPITALS	66	443		568,933.02		1284.27	.012		8620.20		15.76
NON-HSC HOSPITALS TOTAL	254	980		1,896,856.47		1935.57	.027		7467.94		52.56
ACCOMMODATIONS	254	980		431,473.55		440.28	.027		1698.71		11.96
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	254	980		431,473.55		440.28	.027		1698.71		11.96
ANCILLARIES	253	0		1,465,382.92		.00	.000		5792.03		40.60
INPATIENT CROSSOVERS	150	0		139,771.31		.00	.000		931.81		3.87
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	5,347	26,153		696,682.35		26.64	.725		130.29		19.30
MEDICAL	828	1,179		47,562.64		40.34	.033		57.44		1.32
SURGERY	474	507		15,955.17		31.47	.014		33.66		.44
PATHOLOGY	2,051	8,748		104,964.11		12.00	.242		51.18		2.91
RADIOLOGY	1,459	2,182		177,828.70		81.50	.060		121.88		4.93
ROOM USE	2,671	3,776		149,223.51		39.52	.105		55.87		4.13
CROSSOVERS/ALL OTH OUTPINT		9,761		201,148.22		20.61	.270		78.63		5.57
@STATE HOSPITAL	2,330	•	\$	.00	\$	.00	.000	Ś		Ś	.00
MENTALLY ILL	0	0	Ą	.00	Ą	.00	.000	Ą	.00	ې	.00
	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	207	•	\$		\$	137.92		ċ		ċ	19.44
@NURSING FACILITY	207	- ,	P	701,587.71	Þ		.141	P	3389.31	Þ	.00
LEV A-INTERMEDIATE	11	0		.00		.00	.000				
LEV B-REHAB MD	==	312		39,099.84		125.32			3554.53		1.08
LEV B-SUBACUTE FREESTANDING	0	24		8,276.88		344.87	.001		8276.88		.23
LEV B-SUBACUTE HSPTL BASED	•	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	195	4,751		654,210.99		137.70	.132	_	3354.93		18.13
@INTERMEDIATE CARE FACILDD	0		\$	542.19	\$	.00	.000	\$	.00	\$	.02
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		542.19		.00	.000		.00		.02
@HEMODIALYSIS TOTAL	102	•	\$	166,227.60	\$	29.96	.154	\$	1629.68	\$	4.61
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	102	5 <b>,</b> 549		166,227.60		29.96	.154		1629.68		4.61
@REHABILITATION FACILITY	40		\$	9,686.72	\$	15.23	.018	\$	242.17	\$	.27
HOSPITAL BASED	2	2CR		26.10		13.05CR	.000		13.05		.00
INDEPENDENT FACILITY	38	638		9,660.62		15.14	.018		254.23		.27
@LABORATORY FACILITY	673	2,090	\$	28 <b>,</b> 880.99	\$	13.82	.058	\$	42.91	\$	.80
PATHOLOGY	666	2,061		28 <b>,</b> 698.78		13.92	.057		43.09		.80
XO AND OTHERS	7	29		182.21		6.28	.001		26.03		.01
@ORGANIZED OUTPATIENT CLINIC	3,468	5 <b>,</b> 673	\$	604,073.70	\$	106.48	.157	\$	174.19	\$	16.74
CLINIC	1,113	1,769		54,315.26		30.70	.049		48.80		1.50
SURGICENTER	19	87		3,497.00		40.20	.002		184.05		.10
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,365	3,817		546,261.44		143.11	.106		230.98		15.14
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE	S M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU	DEC	2004	P	AGE 8,980

NEVADA COUNTI	SOMMANT OF SEN	VICES FOR CASH GRANT	IOIAL				
					MON		
36,091 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	, -	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	3 <b>,</b> 508	146,247 \$	772 <b>,</b> 750.01	\$ 5.28	4.052 \$		•
DURABLE MED. EQUIP.	306	919	119,576.45	130.12	.025	390.77	3.31
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	34	41	6,704.60	163.53	.001	197.19	.19
MEDICAL TRANSPORTATION	327	4,219	76,485.94	18.13	.117	233.90	2.12
AMBULANCES/AIR TRANS	314	3,716	55,535.19	14.94	.103	176.86	1.54
OTHER TRANS	14	475	1,017.07	2.14	.013	72.65	.03
OTHER SERVICES	17	28	19,933.68	711.92	.001	1172.57	.55
ACUPUNCTURE	6	13	222.83	17.14	.000	37.14	.01
ADULT DAY HEALTH CARE CTR	212	2,381	165,668.97	69.58	.066	781.46	4.59
GENETIC DISEASE TESTING	16	16	1,656.00	103.50	.000	103.50	.05
IHMC, MODEL-NF, NF, AIDS, MSSP	29	2,349	77,675.37	33.07	.065	2678.46	2.15
OCCUPATIONAL THERAPIST	1	25	514.74	20.59	.001	514.74	.01
OPTICIAN	554	1,278	12,416.98	9.72	.035	22.41	.34
PHYSICAL THERAPIST	3	21	400.64	19.08	.001	133.55	.01
PORTABLE X-RAY	23	55	863.49	15.70	.002	37.54	.02
PROSTHETIST/ORTHOTISTS	84	222	29,354.33	132.23	.006	349.46	.81
PROSTHETICS	84	222	29,354.33	132.23	.006	349.46	.81
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	3	4	569.95	142.49	.000	189.98	.02
SPEECH AND AUDIOLOGY	39	120	4,857.82	40.48	.003	124.56	.13
HOSPICE SERVICES	13	156	20,787.68	133.25	.004	1599.05	.58
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,100	38,520	172,283.44	4.47	1.067	156.62	4.77
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	951	95 <b>,</b> 908	82,710.78	.86	2.657	86.97	2.29
@CALIF. CHILDREN SERVICES*	279	13,054	\$ 359,989.81	\$ 27.58	.362	\$ 1290.29	9.97
@XOVER EXCLUDING STATE HOSP**	3,045	28 <b>,</b> 673	\$ 439,634.46	\$ 15.33	.794	\$ 144.38	12.18

0\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 8,981 03/14/05

MOLOZA	CIMMADY OF CED		M INFAMEC	AID CODEC 47	C 0		03/14/03
NEVADA COUNTY	SUMMARY OF SER	VICES FOR 185% PROGRA	M - INFANTS	AID CODES 47			CD
1 F20 BITCIDIEC	HOEDO	INTEG OF GERVICE	EVDENDIBLIDEC	ATTEDACE COCH		NTHLY AVERA	
1,538 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
	E71	OR DAYS OF CARE	124 061 20	PER UNIT/DAY		USER \$ 235.12	ELIGIBLE
@TOTAL, ALL PROVIDERS	574	1,931 \$	134,961.38	\$ 69.89	1.256		
@PHYSICIANS SERVICES	332	681 \$	26,921.68	\$ 39.53	.443		•
OUTPATIENT VISITS	281	413	13,286.94	32.17	.269	47.28	8.64
OFFICE VISITS	215	306	8,376.32	27.37	.199	38.96	5.45
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	86	105	4,841.24	46.11	.068	56.29	3.15
PREVENTIVE CARE	1	2	69.38	34.69	.001	69.38	.05
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	31	86	6,468.36	75.21	.056	208.66	4.21
HOSPITAL VISITS	28	63	2,801.90	44.47	.041	100.07	1.82
CRITICAL CARE	3	23	3,666.46	159.41	.015	1222.15	2.38
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	99.31	49.66	.001	49.66	.06
EXAMINATIONS	2	2	99.31	49.66	.001	49.66	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	28	3,450.59	123.24	.018	492.94	2.24
PRINCIPAL SURGEON	5	8	2,891.82	361.48	.005	578.36	1.88
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	20	558.77	27.94	.013	186.26	.36
OUTPATIENT SURGERY	9	9	594.18	66.02	.006	66.02	.39
PRINCIPAL SURGEON	9	9	594.18	66.02	.006	66.02	.39
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	7	72.19	10.31	.005	10.31	.05
RADIOLOGY	32	49	664.62	13.56	.032	20.77	.43
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	4	33.52	8.38	.003	16.76	.02
OTHER SERVICES/ALL X-OVERS	49	83	2,251.97	27.13	.054	45.96	1.46
@PHARMACY	245	357 \$	13,721.36	\$ 38.44	.232	\$ 56.01	\$ 8.92
PRESCRIPTION DRUGS	244	352	13,495.52	38.34	.229	55.31	8.77
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	244	352	13,495.52	38.34	.229	55.31	8.77
MEDICAL SUPPLIES	5	5	225.84	45.17	.003	45.17	.15
@DENTIST	1	1 \$	25.00	\$ 25.00	.001	\$ 25.00	\$ .02
VISITS - DIAGNOSTIC	1	1	25.00	25.00	.001	25.00	.02
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES MO	NTH-OF-PAYMENT RE	EPOR				P	AGE 8,982
MOP024	FEE-FOR-SERVICE			01 111111111111111111111111111111			2001 111110 21	.0 2001	-	03/14/05
NEVADA COUNTY	SUMMARY OF SERV	•	ROGRAM	I - INFANTS	ΑI	D CODES 47	69			
				_			MON	THLY AVERA	.GE	
1,538 ELIGIBLES	USERS	UNITS OF SERVICE	Ē.	EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	COST PER		COST PER
,		OR DAYS OF CAR	Ē.		PE	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000		\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	.00		.00
EYE APPLIANCES	0	0		.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	2	5	\$	54.34	\$	10.87	.003	27.17	\$	.04
VISITS	2	5		54.34		10.87	.003	27.17		.04
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	4	4	\$	254.71	\$	63.68	.003	63.68	\$	.17
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	.00	\$	.00
NURSE MIDWIFE	3	5	\$	295.66	\$	59.13	.003	98.55	\$	.19
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00	\$	.00
FAMILY NURSE PRACTITIONER	2	2	\$	52.36	\$	26.18	.001	26.18	\$	.03
@TOTAL HOSPITAL	168	547	\$	85,239.27	\$	155.83	.356	507.38	\$	55.42
HOSP INPATIENT TOTAL	11	52		72,802.63		1400.05	.034	6618.42		47.34
HSC HOSPITALS	2	27		38,890.00		1440.37	.018	19445.00		25.29
NON-HSC HOSPITAL TOTAL	9	25		33,912.63		1356.51	.016	3768.07		22.05
ACCOMMODATIONS	9	25		12,214.25		488.57	.016	1357.14		7.94
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00

NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	3	5	\$ 295.66	\$ 59.13	.003	\$ 98.55	\$ .19
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	2	2	\$ 52.36	\$ 26.18	.001	\$ 26.18	\$ .03
@TOTAL HOSPITAL	168	547	\$ 85 <b>,</b> 239.27	\$ 155.83	.356	\$ 507.38	\$ 55.42
HOSP INPATIENT TOTAL	11	52	72,802.63	1400.05	.034	6618.42	47.34
HSC HOSPITALS	2	27	38,890.00	1440.37	.018	19445.00	25.29
NON-HSC HOSPITAL TOTAL	9	25	33,912.63	1356.51	.016	3768.07	22.05
ACCOMMODATIONS	9	25	12,214.25	488.57	.016	1357.14	7.94
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	25	12,214.25	488.57	.016	1357.14	7.94
ANCILLARIES	9	0	21,698.38	.00	.000	2410.93	14.11
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	160	495	12,436.64	25.12	.322	77.73	8.09
MEDICAL	64	79	2,478.34	31.37	.051	38.72	1.61
SURGERY	7	7	238.65	34.09	.005	34.09	.16
PATHOLOGY	46	120	1,251.60	10.43	.078	27.21	.81
RADIOLOGY	25	32	1,381.06	43.16	.021	55.24	.90
ROOM USE	138	169	5,432.08	32.14	.110	39.36	3.53
CROSSOVERS/ALL OTH OUTPINT	58	88	1,654.91	18.81	.057	28.53	1.08
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL	0 0 0	0 0 0	.00 .00 .00	.00 .00 .00	.000 .000 .000 .000		.00
SURGERY	U	U	.00	.00			.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
		ES AND EXPENDITURES MON	ITH-OF-PAYMENT RI	EPORT FOR JAN 2	2004 THRU DE	C 2004	,
	FEE-FOR-SERVICE						03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGRAM	- INFANTS	AID CODES 47			
					MON		
1,538 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	-
@COMMUNITY HOSPITAL TOTAL	168	547 \$	85,239.27	\$ 155.83		507.38	
COMM HOSP INPATIENT TOTAL	11	52	/2.802.63	1400.05	.034	6618.42	47.34
HSC HOSPITALS	2	27	38,890.00	1440.37	.018	19445.00	25.29
NON-HSC HOSPITALS TOTAL	9	25	38,890.00 33,912.63 12,214.25	1356.51	.016	3768.07	22.05
ACCOMMODATIONS	9	52 27 25 25 0 0 25 0 0 495		488.57	.016	1357.14	7.94
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	25	12,214.25	488.57	.016	1357.14	7.94
ANCILLARIES	9	0	21,698.38	.00	.000	2410.93	14.11
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0 160	0	.00	.00 25.12	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL			12,436.64		.322	77.73	8.09
MEDICAL	V 1	, 3	2,478.34	31.37	.051	38.72	1.61
SURGERY	7	1	238.65	34.09	.005	34.09	.16
PATHOLOGY	46	120	1,251.60	10.43	.078	27.21	.81
RADIOLOGY	25	32	1,381.06	43.16	.021	55.24	.90
ROOM USE	138	169	5,432.08	32.14	.110	39.36	3.53
CROSSOVERS/ALL OTH OUTPTNT	58	88	1,654.91	18.81	.057	28.53	1.08
CROSSOVERS/ALL OTH OUTPTNT  @STATE HOSPITAL  MENTALLY ILL  DEVELOP. DISABLED  @NURSING FACILITY  LEV A-INTERMEDIATE	0	0 \$	.00		.000 \$		\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$		\$ .00	.000 \$		\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000		.00
LEV B-REHAB MD	0	0	.00	.00	.000		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000		.00
@INTERMEDIATE CARE FACILDD	0	0 \$	.00		.000 \$		·
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$ .00	.000 \$		\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	2 \$	142.97	\$ 71.49	.001 \$		
HOSPITAL BASED	1	2	142.97	71.49	.001	142.97	.09
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	3 \$	29.52	\$ 9.84	.002 \$		\$ .02
PATHOLOGY	1	3	29.52	9.84	.002	29.52	.02
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	16	22 \$	2,115.72			132.23	\$	1.38
CLINIC	4	8	263.26	32.91	.005	65.82		.17
SURGICENTER	0	8 0 0	.00	.00	.000	.00		.00
HEROIN DETOX CLINIC			.00	.00	.000	.00		.00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	12	14	1,852.46	132.32	.009	154.37		1.20
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT R	EPORT FOR JAN 2	2004 THRU DE	C 2004	PA	GE 8,984
MOP024	FEE-FOR-SERVICE	/DENTAL						03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGRAM	- INFANTS	AID CODES 47	69			
					MON	THLY AVERA	GE -	
1,538 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	18	302 \$	6,108.79	\$ 20.23	.196 \$	339.38	\$	3.97
DURABLE MED. EQUIP.	2	2 0 0 235	268.15	134.08	.001	134.08		.17
BLOOD BANK	0	0	.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	7	235	.00 3,943.04	16.78	.153	.00 563.29		2.56
AMBULANCES/AIR TRANS	7	234	2,143.04	9.16	.152	306.15		1.39
OTHER TRANS	0	0	.00	_ ()()	.000	.00		.00
OTHER SERVICES	1	1	1,800.00			1800.00		1.17
ACIIPIINCTIIRE	0	Û	.00	.00				.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	000	.00		.00
CENETIC DIGENCE TECTING	0	0	.00	.00	.000	.00		.00
TUMO MODEL NE NE AIDO MOOD	0	0	.00	.00	.000	.00		.00
OCCUDATIONAL TUEDADICT	0	0	.00	.00	.000	.00		.00
OCCUPATIONAL INERAPIST	0	0	.00	.00				.00
OFIICIAN	0	0	.00		.000	.00		
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		.00
PORTABLE X-RAY	U	0	.00	.00	.000	.00		.00
0.338 ELIGIBLES  0.41L OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS	U	235 234 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00		.00		.00
ORTHOTICS	0	0	.00	.00	.000			.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	5	41	1,744.97	42.56	.027	.00 348.99 .00		1.13
HOSPICE SERVICES	0	0	.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0	.00	.00 6.36	.000	.00 38.16 .00		.00
LOCAL EDUCATION AGENCIES	4	24	152.63	6.36	.016	38.16		.10
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0 90 \$	.00	.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	15	90 \$	43,652.36	\$ 485.03		2910.16		28.38
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
<pre>@* TOTALS IN THESE LINES ARE</pre>	GIVEN AS A SEPAR	ATE INFORMATION ITEM O	NLY;					
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE AP	PROPRIATE DETAIL LINES	ABOVE.					
** THESE DATA ARE INCLUDED I	N THE APPROPRIAT	E DETAIL LINES ABOVE.						
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT R	EPORT FOR JAN 2	2004 THRU DE	C 2004	PA	GE 8,985
MOP024	FEE-FOR-SERVICE	/DENTAL						03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGRAM	- PREGNANT A	ID CODES 44 48	49			
					MON	THLY AVERA	GE -	
1,618 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST				OST PER
-,		OR DAYS OF CARE		PER UNIT/DAY		USER		LIGIBLE
@TOTAL, ALL PROVIDERS	1,271	9,138 \$	895,742.60	\$ 98.02	5.648 \$			553.61
@PHYSICIANS SERVICES	630	1,891 \$	150,981.58	\$ 79.84	1.169 \$			93.31
OUTPATIENT VISITS	260	394	22,406.75	56.87	.244	86.18	т	13.85
OFFICE VISITS	116	161	6,212.06	38.58	.100	53.55		3.84
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	66	77	4,407.50	57.24	.048	66.78		2.72
EPERGENCI KOOPI	00	1 1	4,407.30	J1.24	.040	00.70		4.14

PREVENTIVE CARE	1	2	80.02	40.01	.001	80.02	.05
OB VISITS/COMPRE PERI	102	154	11,707.17	76.02	.095	114.78	7.24
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	104	252	13,050.33	51.79	.156	125.48	8.07
HOSPITAL VISITS	100	223	9,400.00	42.15	.138	94.00	5.81
CRITICAL CARE	5	29	3,650.33	125.87	.018	730.07	2.26
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	144	532	83,731.73	157.39	.329	581.47	51.75
PRINCIPAL SURGEON	106	114	73,039.71	640.70	.070	689.05	45.14
ASSISTANT SURGEON	11	11	2,051.50	186.50	.007	186.50	1.27
ANESTHESIOLOGIST	38	407	8,640.52	21.23	.252	227.38	5.34
OUTPATIENT SURGERY	78	192	10,743.45	55.96	.119	137.74	6.64
PRINCIPAL SURGEON	70	106	8,984.80	84.76	.066	128.35	5.55
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	20	86	1,758.65	20.45	.053	87.93	1.09
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	111	183	3,236.43	17.69	.113	29.16	2.00
RADIOLOGY	192	223	11,667.20	52.32	.138	60.77	7.21
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	23	49	1,541.05	31.45	.030	67.00	.95
OTHER SERVICES/ALL X-OVERS	52	66	4,604.64	69.77	.041	88.55	2.85
@PHARMACY	263	480	\$ 14,248.56	\$ 29.68	.297	\$ 54.18	\$ 8.81
PRESCRIPTION DRUGS	259	433	10,929.70	25.24	.268	42.20	6.76
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	259	433	10,929.70	25.24	.268	42.20	6.76
MEDICAL SUPPLIES	21	47	3,318.86	70.61	.029	158.04	2.05
@DENTIST	5	14	\$ 100.00	\$ 7.14	.009	\$ 20.00	\$ .06
VISITS - DIAGNOSTIC	3	6	13.00	2.17	.004	4.33	.01
ORAL SURGERY	1	1	.00	.00	.001	.00	.00

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	3	7		87.00		12.43	.004		29.00		.05
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	•		URES MO	ONTH-OF-PAYMENT F	REPOR			EC		P	AGE 8,986
MOP024	FEE-FOR-SERVICE		01120 110	01,111 01 11111111111111111111111111111	011				. 2001	-	03/14/05
NEVADA COUNTY	SUMMARY OF SERV		PROGRAN	M - PRECNANT A	ATD C	ODES 44 48	49				03/11/03
NEWNER COOKIT	BOTHERICE OF BEICE	TODO TON TOO	11001011	i itadiviti i	110 0	0000 11 10	MC	ידות	HIV AVERA	GE	
1,618 ELIGIBLES	USERS	UNITS OF SERVI	CF	EXPENDITURES	Z 7.7	FRACE COST	UNITS/DAYS		COST PER		COST PER
1,010 ELIGIBLES	OSEKS	OR DAYS OF CA		EXPENDITORES		R UNIT/DAY		)	USER		ELIGIBLE
@OPTOMETRIST	0	01 DAID OF CA	\$	.00	\$	.00	.000	¢	.00		.00
DIAGNOSTIC AND ANC. PROCED	0	0	Ą	.00	۲	.00	.000	ې	.00	۲	.00
	0	0									
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	Ċ	.00	ć	.00	.000	ċ	.00	<u>_</u>	.00
@CHIROPRACTOR	0		\$	.00	\$	.00	.000	Ş	.00	Þ	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	U	0	<b>A</b>	.00	<u> </u>	.00	.000	<u> </u>	.00	<u>^</u>	.00
@PODIATRIST	U	0	\$	.00	\$	.00		\$	.00	Ş	.00
MEDICINE/INJECTIONS	U	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	9	16	Ş	795.19	\$	49.70		\$		\$	.49
NURSE ANESTHESIST	0	0	\$	.00	\$	.00		\$	.00	\$	.00
NURSE MIDWIFE	14	62	\$	4,751.32	\$	76.63		\$	339.38	\$	2.94
PEDIATRIC NURSE PRACTITIONER		0	Ş	.00	\$	.00		\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00		\$		\$	.00
@TOTAL HOSPITAL	730	6,001	\$	695,791.23	\$	115.95	3.709	\$	953.14	\$	430.03
HOSP INPATIENT TOTAL	119	509		565,301.71		1110.61	.315		4750.43		349.38
HSC HOSPITALS	8	41		56,686.04		1382.59	.025		7085.76		35.03
NON-HSC HOSPITAL TOTAL	112	468		508,615.67		1086.79	.289		4541.21		314.35
ACCOMMODATIONS	112	468		181,634.35		388.11	.289		1621.74		112.26
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	112	468		181,634.35		388.11	.289		1621.74		112.26
ANCILLARIES	112	0		326,981.32		.00	.000		2919.48		202.09
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	696	5 <b>,</b> 492		130,489.52		23.76	3.394		187.48		80.65
MEDICAL	48	55		2,663.83		48.43	.034		55.50		1.65
SURGERY	27	45		1,355.31		30.12	.028		50.20		.84
PATHOLOGY	393	1,383		20,025.03		14.48	.855		50.95		12.38
RADIOLOGY	123	134		10,869.73		81.12	.083		88.37		6.72
ROOM USE	430	813		26,692.45		32.83	.502		62.08		16.50
CROSSOVERS/ALL OTH OUTPTNT	470	3,062		68,883.17		22.50	1.892		146.56		42.57
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	•	.00		.00	.000	•	.00	,	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
<del></del>	-	· ·									

NON HOO HOODIERIO EOERI	0	0		0.0	0.0	0.00	0.0		0.0
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	· ·			.00	.000			.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	Ü	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDIT	URES MO	NTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU DE	C 2004	P.	AGE 8,987
MOP024	FEE-FOR-SERVICE	E/DENTAL							03/14/05
NEVADA COUNTY	SUMMARY OF SERV	VICES FOR 185%	PROGRAM	- PREGNANT A	ID CODES 44 48	3 49			
						MON	THLY AVERA	GE	
1,618 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVERAGE COST	UNITS/DAYS		(	COST PER
		OR DAYS OF CA	RE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	730	6,001	\$	695,791.23	\$ 115.95	3.709 \$	953.14	\$	430.03
COMM HOSP INPATIENT TOTAL	119	509		565,301.71	1110.61	.315	4750.43		349.38
HSC HOSPITALS	8	41		56,686.04	1382.59	.025	7085.76		35.03
NON-HSC HOSPITALS TOTAL	112	468		508,615.67	1086.79	.289	4541.21		314.35
ACCOMMODATIONS	112	468		181,634.35	388.11	.289	1621.74		112.26
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	112	468		181,634.35	388.11	.289	1621.74		112.26
ANCILLARIES	112	0		326,981.32	.00	.000	2919.48		202.09
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	696	5,492		130,489.52	23.76	3.394	187.48		80.65
MEDICAL	48	55		2,663.83	48.43	.034	55.50		1.65
SURGERY	27	45		1,355.31	30.12	.028	50.20		.84
PATHOLOGY	393	1,383		20,025.03	14.48	.855	50.95		12.38
RADIOLOGY	123	134		10,869.73	81.12	.083	88.37		6.72
ROOM USE	430	813		26,692.45	32.83	.502	62.08		16.50
CROSSOVERS/ALL OTH OUTPTNT	470	3,062		68,883.17	22.50	1.892	146.56		42.57
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000 \$		Ś	.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000 \$		Ś	.00
LEV A-INTERMEDIATE	0	0	т	.00	.00	.000	.00	Τ.	.00
LEV B-REHAB MD	n	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	n	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000		Ś	.00
ICF DDH	0	0	Y	.00	.00	.000	.00	Y	.00
TOT DOIL	U	0		.00	.00	.000	.00		.00

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@HEMODIALYSIS TOTAL

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## SHEARALITYATION FACULTY    165	^	0		0	۵		0.0	<u>^</u>	0.0		000	<u>^</u>	0.0	٨	0.0
INDEPENDENT PACILITY	@REHABILITATION FACILITY	0		0	\$		.00	Ş	.00			Ş		Ş	.00
## STATISTICATION   165				-											
PATHOLOGY															
COMMANDED DUPPATIENT CLINIC   50   238 \$ 16,889.13 \$ 70.12   147 \$ 333.78 \$ 10.31		165		316	\$			\$				\$		\$	
COMMANDED DUPPATIENT CLINIC   50   238 \$ 16,889.13 \$ 70.12   147 \$ 333.78 \$ 10.31		165		316		5,									
REDION DETOX CLUNIC   0	XO AND OTHERS			0			.00		.00		.000		.00		.00
REDION DETOX CLUNIC   0	@ORGANIZED OUTPATIENT CLINIC	50		238	\$	16,	689.13	\$	70.12		.147	\$	333.78	\$	10.31
REDION DETOX CLUNIC   0	CLINIC	27		153		6,	315.99		41.28		.095		233.93		3.90
HERDIN DETOX CLINIC   0	SURGICENTER	3		28			696.79		24.89		.017		232.26		.43
EVAILF DELINIC   CALIFO FOR HEALTH SERV   MODU24   MODU24   SERVICES AND EXPENDITURES MONTH-OP-PAYMENT PEOF FOR JAN 2004 THRU DEC 2004   PAGE 8, 988   MODU24   SERVICES FOR 1859 FROGRAM - FRECHANT   SUMMARY OF SERVICES FOR 1859 FROGRAM - FRECHANT   AID CODES 44 48 49   MODU24   MODU25   MODU25   MODUS 1, 10   MODUL 1, 10	HEROIN DETOX CLINIC	0		0			.00				.000		.00		.00
## MEDICAL SERVICES AND EXCENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004  **NOFO24***********************************		2.0		57		9.									
MOPD224   SUMMARY OF SERVICES FOR 1858 PROGRAM - PREGNANT   SERVICES FOR 1859 PROGRAM - PROGRAM - PROGRAM - PROGRAM - PROGRAM - PROGR			ES AND EXPE		ES MONT			EPORT						PAGE	
NEVADA COUNTY				11011		11 01 111			I OIL OIII	2001	111110	рцо	2001		•
1,618 ELICIBLES			,	959 DD/	OCDAM _	DDECNIA	אַר אַרוּאַ	TD CO	DEC 11 18	1 Q				O	3/11/03
## 1,618 ELIGIBLES	NEVADA COUNTI	SOMMAKI OF SERV	ICES FOR I	00% FIN	OGIVAN	FINEGNA	INI A	ID CO.	DE2 44 40		N	(ONTTE	JT V 7/7/2/2/7	CF	
## ALL OTHER PROVIDERS   62   120 \$ 6,842.85 \$ 57.02   .074 \$ 11.03 \$ 4.23 \$ DUSABLE MED. EQUIF.   0   0   0   .00	1 610 ELICIDIES	HCEDC	IINTEC OF C	PDVICE		EADEND	THILDEC	70, 7, 7, 77							
ACUENCTURE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	1,010 ELIGIBLES	USEKS				EVLEND	TIOKES								
ACUENCTURE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	0.1.1. 0.00000 DD0000000000					_	0.40 0.5								
ACUENCTURE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	@ALL OTHER PROVIDERS	62			Ş	6,		\$				\$		\$	
ACUENCTURE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	DURABLE MED. EQUIP.	Ü													
ACUENCTURE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	BLOOD BANK	0													
ACUENCTURE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	HEARING AID DISPENSERS	0											.00		
ACUENCTURE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	MEDICAL TRANSPORTATION	7					923.37		14.43		.040		131.91		.57
ACUENCTURE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	AMBULANCES/AIR TRANS	7		64			923.37		14.43		.040		131.91		.57
ACUENCTURE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	OTHER TRANS	0		0			.00		.00		.000		.00		.00
ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0	OTHER SERVICES	0		0			.00		.00		.000		.00		.00
ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0		0		0			.00		.00		.000		.00		.00
GRENETIC DISEASE TESTING 55 55 5,775.00 105.00 .034 105.00 3.57 IHMC,MODEL-NF,NF,AIDS,MSSP 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ADIII.T DAY HEALTH CARE CTR	0		0											.00
IMMC,MODEL-NF,NF,AIDS,MSSF	CENTERIO DICENOS ESCENIO	5 5				5.							105 00		
HOSPICE SERVICES    O	THMC MODEL-NE NE AIDS MSSP	0				٠,									
HOSPICE SERVICES    O		0													
HOSPICE SERVICES    O	ODTICIAN	0													
HOSPICE SERVICES    O	OFIICIAN	0		0											
HOSPICE SERVICES    O	PHISICAL THERAPIST	0		0											
HOSPICE SERVICES    O	PORTABLE X-RAY	0		1											
HOSPICE SERVICES    O	PROSTHETIST/ORTHOTISTS	1		1											
HOSPICE SERVICES    O	PROSTHETICS	1		Ţ											
HOSPICE SERVICES    O	ORTHOTICS	0													
HOSPICE SERVICES    O	PSYCHOLOGIST	0		0											
NONINST BIRTHING CENTERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	SPEECH AND AUDIOLOGY	0		0											
LOCAL EDUCATION AGENCIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	HOSPICE SERVICES	0							.00						.00
EPSDT SUPPLEMENTAL SERVICE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	NONINST BIRTHING CENTERS	0		-			.00		.00						.00
RESPIRATORY CARE PRACT. 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	LOCAL EDUCATION AGENCIES	0		-			.00		.00		.000		.00		.00
PED SUBACUTE REHAB/WEANING 0 0 0 .00 .00 .00 .00 .00 .00 .00  ALL OTHER PROVIDERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00  @CALIF. CHILDREN SERVICES* 1 1 1 \$ 299.00 \$ 299.00 .001 \$ 299.00 \$ .18  @XOVER EXCLUDING STATE HOSP** 0 0 \$ .00 \$ .00 .000 \$ .00 \$ .00  @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 8,989  MOP024 FEE-FOR-SERVICE/DENTAL  NEVADA COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76  MONTHLY AVERAGE  04 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER	EPSDT SUPPLEMENTAL SERVICE	0		0			.00		.00		.000		.00		.00
ALL OTHER PROVIDERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	RESPIRATORY CARE PRACT.	0		0			.00		.00		.000		.00		.00
ALL OTHER PROVIDERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	PED SUBACUTE REHAB/WEANING	0		0			.00		.00		.000		.00		.00
@CALIF. CHILDREN SERVICES* 1 1 \$ 299.00 \$ 299.00 .001 \$ 299.00 \$ .18  @XOVER EXCLUDING STATE HOSP** 0 0 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00  @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 8,989  MOP024 FEE-FOR-SERVICE/DENTAL  NEVADA COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76  MONTHLY AVERAGE  04 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER		0													
@XOVER EXCLUDING STATE HOSP** 0 0 \$ .00 \$		1		1	Ś			Ś				Ś		Ś	
<pre>@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;    THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 8,989 MOP024 FEE-FOR-SERVICE/DENTAL</pre>		0		0	Š										
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 8,989  MOP024 FEE-FOR-SERVICE/DENTAL  NEVADA COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76  MONTHLY AVERAGE  04 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER			ATE THEODMA		TEM ONT	v •	•00	Υ	• 0 0		.000	Y	• • • •	Y	• 0 0
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 8,989  MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05  NEVADA COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76  MONTHLY AVERAGE  04 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER															
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 8,989 MOP024 FEE-FOR-SERVICE/DENTAL NEVADA COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76  O4 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER						∨ ∨ ₫ •									
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 NEVADA COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76 MONTHLY AVERAGE 04 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER						OF D3	WALLE D		DOD TAN	2004	miiDii	DEG	2004	DAGE	0 000
NEVADA COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76 MONTHLY AVERAGE 04 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER				אטדדטאן.	ES MONT	n-Or-PA	лырил К	₽LOK.I.	FUK JAN	∠∪∪4	THKU	DEC	∠004		
MONTHLY AVERAGE 04 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER				0 5311	DOOF	D	000711		3.50 0000	7.6				Ü	3/14/05
04 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER	NEVADA COUNTY	SUMMARY OF SERV	TCES FOR 6	U-DAY	POST PA	KTUM PR	.UGRAM		AID CODE		_			<b>C D</b>	
	0.4. =														
	04 ELIGIBLES	USERS				EXPEND	TTURES				- /	-			

PER UNIT/DAY PER ELIG USER

ELIGIBLE

OR DAYS OF CARE

			_		_				
@TOTAL, ALL PROVIDERS	3	4	\$	57.66	\$	14.42		\$ 19.22	
@PHYSICIANS SERVICES	1	2	\$	26.26	\$	13.13		\$ 26.26	
OUTPATIENT VISITS	1	1		24.00		24.00	.250	24.00	6.00
OFFICE VISITS	1	1		24.00		24.00	.250	24.00	6.00
HOME VISITS	0	0		.00		.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00		.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00		.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00		.00	.000	.00	.00
INPATIENT VISITS	0	0		.00		.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00		.00	.000	.00	.00
CRITICAL CARE	0	0		.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
	0	0		.00				.00	.00
ANESTHESIOLOGIST	0	0				.00	.000		
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	U		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	U		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	Ü	0		.00		.00	.000	.00	.00
PATHOLOGY	1	1		2.26		2.26	.250	2.26	.57
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00	.00
@PHARMACY	1	1	\$	9.00	\$	9.00	.250	\$ 9.00	\$ 2.25
PRESCRIPTION DRUGS	1	1		9.00		9.00	.250	9.00	2.25
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	1	1		9.00		9.00	.250	9.00	2.25
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000		
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
	0	0		.00			.000	.00	
PROSTHETICS	0	0				.00			.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	•	•		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	Ü		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0	_~	.00		.00	.000		.00
		ES AND EXPENDITUR	ES MO	NTH-OF-PAYMENT RI	EPORT	FOR JAN 2	2004 THRU D	EC 2004	PAGE 8,990
MOP024	FEE-FOR-SERVICE								03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR 60-DAY	POST	PARTUM PROGRAM		AID CODE			
							MC	NTHLY AVERA	GE
04 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER	ELIGIBLE

@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE	S MONTH-OF-PAYMENT F	REPORT FOR JAN	2004 THRU I	DEC 2004	PAGE 8,991
MOP024	FEE-FOR-SERVICE/I						03/14/05
NEVADA COUNTY	SUMMARY OF SERVICE	ES FOR 60-DAY P	OST PARTUM PROGRAM	AID COD			
						ONTHLY AVERA	
04 ELIGIBLES	USERS I	INITS OF SERVICE	EXPENDITURES	AVERAGE COS'	T UNITS/DAYS	S COST PER	COST PER

					MON	THLY AVERAGE	<u> </u>
04 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	22.40		22.40	.250	\$	22.40	\$	5.60
PATHOLOGY	1	1		22.40		22.40	.250		22.40		5.60
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00		.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURI	ES MONTH-OF-	PAYMENT	REPORT	FOR JAN 2004	THRU	DEC 2	2004	PAG	•
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR	60-DAY	POST PARTUM	PROGRAM		AID CODE 76					
							N	IHTNON	LY AVERA	GE	

04 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	וואודיים / סיידואוו	COST PER	COST PER
04 EDIGIDDES	ODENO	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	OR DAIS OF CARE	.00	\$ .00	.000 \$	.00 \$	.00
DURABLE MED. EQUIP.	0	0 7	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS OTHER SERVICES	0	0	.00	.00	.000	.00	.00
	0	0					
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	U	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
A* TOTALS IN THESE LINES ARE CIVE	IN AS A SEDAE	ATE INFORMATION ITEM ON	T.V •		•	·	

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 8,993 MOP024 FEE-FOR-SERVICE/DENTAL

NEVADA COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

					MON.	HLY AVERA	GE
3,160 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,848	11,073 \$	1,030,761.64	\$ 93.09	3.504 \$	557.77	
@PHYSICIANS SERVICES	963	2,574 \$		\$ 69.13	.815 \$	184.77	•
OUTPATIENT VISITS	542	808	35,717.69	44.21	.256	65.90	11.30
OFFICE VISITS	332	468	14,612.38	31.22	.148	44.01	4.62
	0	0	•	.00	.000		
HOME VISITS	-		.00			.00	.00
EMERGENCY ROOM	152	182	9,248.74	50.82	.058	60.85	2.93
PREVENTIVE CARE	2	4	149.40	37.35	.001	74.70	.05
OB VISITS/COMPRE PERI	102	154	11,707.17	76.02	.049	114.78	3.70
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	135	338	19 <b>,</b> 518.69	57.75	.107	144.58	6.18
HOSPITAL VISITS	128	286	12,201.90	42.66	.091	95.33	3.86
CRITICAL CARE	8	52	7,316.79	140.71	.016	914.60	2.32
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	99.31	49.66	.001	49.66	.03
EXAMINATIONS	2	2	99.31	49.66	.001	49.66	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	151	560	87,182.32	155.68	.177	577.37	27.59
PRINCIPAL SURGEON	111	122	75,931.53	622.39	.039	684.07	24.03
	11	11	2,051.50	186.50	.003		
ASSISTANT SURGEON			-			186.50	.65
ANESTHESIOLOGIST	41	427	9,199.29	21.54	.135	224.37	2.91
OUTPATIENT SURGERY	87	201	11,337.63	56.41	.064	130.32	3.59
PRINCIPAL SURGEON	79	115	9,578.98	83.30	.036	121.25	3.03
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	20	86	1 <b>,</b> 758.65	20.45	.027	87.93	.56
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	119	191	3,310.88	17.33	.060	27.82	1.05
RADIOLOGY	224	272	12,331.82	45.34	.086	55.05	3.90
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	25	53	1,574.57	29.71	.017	62.98	.50
OTHER SERVICES/ALL X-OVERS	101	149	6,856.61	46.02	.047	67.89	2.17
@PHARMACY	509	838 \$	-	\$ 33.39	.265 \$	54.97	\$ 8.85
PRESCRIPTION DRUGS	504	786	24,434.22	31.09	.249	48.48	7.73
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	504	786	24,434.22	31.09	.249	48.48	7.73
MEDICAL SUPPLIES	26	52	3,544.70	68.17	.016	136.33	1.12
@DENTIST	6	15 \$	125.00	\$ 8.33	.005 \$	20.83	
VISITS - DIAGNOSTIC	4	7	38.00	5.43	.002	9.50	.01
	1				.002		
ORAL SURGERY	0	1	.00	.00		.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA		0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	7	87.00	12.43	.002	29.00	.03
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
	-	· · · · · · · · · · · · · · · · · · ·		· · ·			

03/14/05

----- MONTHLY AVERAGE -----

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 8,994 MOP024 FEE-FOR-SERVICE/DENTAL

NEVADA COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76 03/14/05

----- MONTHLY AVERAGE -----

							M	OM.I.	HLY AVERA	GE	
3,160 ELIGIBLES	USERS	UNITS OF SERVICE	]	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	3		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
DIAGNOSTIC AND ANC. PROCED	0	0	т.	.00	7	.00	.000	-T	.00	-	.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
	0	0									
OTHER OPTOMETRIC SERVICES				.00		.00	.000		.00		.00
@CHIROPRACTOR	2	5	\$		\$	10.87	.002	Ş	27.17	Ş	.02
VISITS	2	5		54.34		10.87	.002		27.17		.02
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	13	20	\$		\$	52.50	.006	ċ	80.76	ċ	.33
-	13			•							
NURSE ANESTHESIST	-	0	\$		\$	.00	.000			\$	.00
NURSE MIDWIFE	17	67	\$	,	\$	75.33	.021	Ş		\$	1.60
PEDIATRIC NURSE PRACTITIONER	0	0	\$			.00	.000		.00	\$	.00
FAMILY NURSE PRACTITIONER	2	2	\$		\$	26.18	.001	\$	26.18	\$	.02
@TOTAL HOSPITAL	898	6,548	\$	781,030.50	\$	119.28	2.072	\$	869.74	\$	247.16
HOSP INPATIENT TOTAL	130	561		600 101 01		1137.44	.178		4908.49		201.93
HSC HOSPITALS	10	68		95,576.04		1137.44 1405.53 1100.46	.022		9557.60		30.25
NON-HSC HOSPITAL TOTAL	121	493		542,528.30		1100.46	.156		4483.70		171.69
ACCOMMODATIONS	121	493		193,848.60		393.20	.156		1602.05		61.34
	0	493		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0									
TRANSITIONAL IP CARE	-	•		.00		.00	.000		.00		.00
ALL OTHER ACCOM	121	493		193,848.60		393.20	.156		1602.05		61.34
ANCILLARIES	121	0		348 <b>,</b> 679.70		.00	.000		2881.65		110.34
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	856	5 <b>,</b> 987		142,926.16		23.87	1.895		166.97		45.23
MEDICAL	112	134		5,142.17		38.37	.042		45.91		1.63
SURGERY	34	52		1,593.96		30.65	.016		46.88		.50
PATHOLOGY	439	1,503		21,276.63		14.16	.476		48.47		6.73
RADIOLOGY	148	166		12,250.79		73.80	.053		82.78		3.88
	568	982		32,124.53		32.71	.311		56.56		10.17
ROOM USE	528	3 <b>,</b> 150		32,124.33		22.39	.997		133.59		22.32
			_	70,538.08	_			_		_	
@COUNTY HOSPITAL TOTAL	0	0	\$		\$	.00	.000	Ş	.00	Ş	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	Ō	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	Ö		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
	0	0									
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT				.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 200	4 THRU DEC	2004	PAGE 8,995
MOP024	FEE-FOR-SERVICE/DENTAL	<u>L</u>					03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FO	OR 185% AND 6	0-DAY PP TOTAL, CODES 44	4 47 48 49 6	9 76		

STATE   STAT					,		MO	NTHLY AVERA	GE	
COMMUNITY HOSPITAL TOTAL   898   6,548   \$ 781,030.50   \$ 119.28   2.072   \$ 869.74   \$ 247.1	3.160 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDIT	IRES A	AVERAGE COST			COST PER	
QCOMMUNITY HOSPITAL TOTAL   898	3, 233 ======	7.2			-				ELIGIBLE	
COMM HOSP INPATIENT TOTAL   130   561   638,104,34   1137,44   .178   4908.49   201.9	@COMMUNITY HOSPITAL TOTAL	898		781,030						
HSC HOSPITALS	COMM HOSP INPATIENT TOTAL		•	· ·				•	201.93	
NON-HSC HOSPITALS TOTAL   121   493   542,528.30   1100.46   .156   4483.70   171.60	HSC HOSPITALS	10	68	· ·		1405.53	.022	9557.60	30.25	
ADMINISTRATIVE DAYS O TRANSITIONAL IP CARE O O O O O O O O O O O O O O O O O O O	NON-HSC HOSPITALS TOTAL	121	493	542,528	3.30	1100.46		4483.70	171.69	
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ACCOMMODATIONS	121	493	193,848	.60	393.20	.156	1602.05	61.34	
ALL OTHER ACCOM 121 493 193,848.60 393.20 .156 1602.05 61.3 ANCILLARIES 121 0 348,679.70 .00 .000 2881.65 110.3 INPATIENT CROSSOVERS 0 0 0 .00 .00 .000 .000 .00 .00 .00 .0	ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
ANCILLARIES 121 0 348,679.70 .00 .000 2881.65 110.3 INPATIENT CROSSOVERS 0 0 0 .00 .000 .000 .000 .000 .000 ALL OTHER INPATIENT 0 0 0 .00 .00 .000 .000 .000 .000 .00	TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS   0   0   0   0   0   0   0   0   0	ALL OTHER ACCOM	121	493	193,848	.60	393.20	.156	1602.05	61.34	
ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ANCILLARIES	121	0	348,679	.70	.00	.000	2881.65	110.34	
COMM HOSP OUTPATIENT TOTAL         856         5,987         142,926.16         23.87         1.895         166.97         45.2           MEDICAL         112         134         5,142.17         38.37         .042         45.91         1.6           SURGERY         34         52         1,593.96         30.65         .016         46.88         .5           PATHOLOGY         439         1,503         21,276.63         14.16         .476         48.47         6.7           RADIOLOGY         148         166         12,250.79         73.80         .053         82.78         3.8           ROOM USE         568         982         32,124.53         32.71         .311         56.56         10.1           CROSSOVERS/ALL OTH OUTPTNT         528         3,150         70,538.08         22.39         .997         133.59         22.3           @STATE HOSPITAL         0         0         \$         .00         .00         .00         .00         .00         .00           MENTALLY ILL         0         0         .00         .00         .00         .00         .00         .00         .00           DEVELOP. DISABLED         0         0         .00	INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
MEDICAL         112         134         5,142.17         38.37         .042         45.91         1.6           SURGERY         34         52         1,593.96         30.65         .016         46.88         .5           PATHOLOGY         439         1,503         21,276.63         14.16         .476         48.47         6.7           RADIOLOGY         148         166         12,250.79         73.80         .053         82.78         3.8           ROOM USE         568         982         32,124.53         32.71         .311         56.56         10.1           CROSSOVERS/ALL OTH OUTPTNT         528         3,150         70,538.08         22.39         .997         133.59         22.3           @STATE HOSPITAL         0         0         \$         .00         \$         .00         .00         .00         .00         .00           MENTALLY ILL         0         0         0         .00	ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
SURGERY         34         52         1,593.96         30.65         .016         46.88         .5           PATHOLOGY         439         1,503         21,276.63         14.16         .476         48.47         6.7           RADIOLOGY         148         166         12,250.79         73.80         .053         82.78         3.8           ROOM USE         568         982         32,124.53         32.71         .311         56.56         10.1           CROSSOVERS/ALL OTH OUTPTNT         528         3,150         70,538.08         22.39         .997         133.59         22.3           @STATE HOSPITAL         0         0         \$         .00         \$         .00         \$         .00         \$         .00         .00         .00         .00         \$           MENTALLY ILL         0         0         0         .00	COMM HOSP OUTPATIENT TOTAL	856	5 <b>,</b> 987	142,926	5.16	23.87	1.895	166.97	45.23	
PATHOLOGY         439         1,503         21,276.63         14.16         .476         48.47         6.7           RADIOLOGY         148         166         12,250.79         73.80         .053         82.78         3.8           ROOM USE         568         982         32,124.53         32.71         .311         56.56         10.1           CROSSOVERS/ALL OTH OUTPTNT         528         3,150         70,538.08         22.39         .997         133.59         22.3           @STATE HOSPITAL         0         0         \$         .00         \$         .00         \$         .00         \$           MENTALLY ILL         0         0         0         .00         .00         .00         .00         .00         .00           DEVELOP. DISABLED         0         0         .00         .00         .00         .00         .00         .00         .00	MEDICAL	112	134	5,142	1.17	38.37	.042	45.91	1.63	
RADIOLOGY       148       166       12,250.79       73.80       .053       82.78       3.8         ROOM USE       568       982       32,124.53       32.71       .311       56.56       10.1         CROSSOVERS/ALL OTH OUTPTNT       528       3,150       70,538.08       22.39       .997       133.59       22.3         @STATE HOSPITAL       0       0       \$       .00       \$       .00       .00       \$       .00       \$         MENTALLY ILL       0       0       0       .0	SURGERY	34	52	1,593	3.96	30.65	.016	46.88	.50	
ROOM USE     568     982     32,124.53     32.71     .311     56.56     10.1       CROSSOVERS/ALL OTH OUTPTNT     528     3,150     70,538.08     22.39     .997     133.59     22.3       @STATE HOSPITAL     0     0     \$     .00     \$     .00     \$     .00     \$     .00       MENTALLY ILL     0     0     .00     .00     .00     .00     .00     .00     .00       DEVELOP. DISABLED     0     0     .00     .00     .00     .00     .00     .00	PATHOLOGY	439	1,503	21,276	6.63	14.16	.476	48.47	6.73	
CROSSOVERS/ALL OTH OUTPTNT         528         3,150         70,538.08         22.39         .997         133.59         22.3           @STATE HOSPITAL         0         0         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00	RADIOLOGY	148	166	12,250	1.79	73.80	.053	82.78	3.88	
@STATE HOSPITAL       0       0       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00 <td>ROOM USE</td> <td>568</td> <td>982</td> <td>32,124</td> <td>.53</td> <td>32.71</td> <td>.311</td> <td>56.56</td> <td>10.17</td> <td></td>	ROOM USE	568	982	32,124	.53	32.71	.311	56.56	10.17	
MENTALLY ILL       0       0       .00        .00	CROSSOVERS/ALL OTH OUTPING	528	3 <b>,</b> 150	70,538	.08	22.39	.997	133.59	22.32	
DEVELOP. DISABLED 0 0 .00 .00 .00 .00 .00 .00	@STATE HOSPITAL	0	0 \$		.00 \$	.00	.000	\$ .00	\$ .00	
	MENTALLY ILL	0	0			.00	.000		.00	
	DEVELOP. DISABLED	0	0			.00	.000	.00	.00	
	@NURSING FACILITY	0	0 \$						\$ .00	
LEV A-INTERMEDIATE 0 0 .00 .00 .00 .00 .00 .00	LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00	

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	2	\$	142.97	\$	71.49	.001	\$	142.97	\$	.05
HOSPITAL BASED	1	2		142.97		71.49	.001		142.97		.05
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	167	320	\$	5,594.66	\$	17.48	.101	\$	33.50	\$	1.77
PATHOLOGY	167	320		5 <b>,</b> 594.66		17.48	.101		33.50		1.77
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	66	260	\$	18,804.85	\$	72.33	.082	\$	284.92	\$	5.95
CLINIC	31	161		6 <b>,</b> 579.25		40.86	.051		212.23		2.08
SURGICENTER	3	28		696.79		24.89	.009		232.26		.22
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	32	71		11,528.81		162.38	.022		360.28		3.65
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES M	ONTH-OF-PAYMENT RE	PORT	FOR JAN	2004 THRU	DEC	2004	PA	GE 8,996
MOP024	FEE-FOR-SERVICE/DENTA	L									03/14/05

----- MONTHLY AVERAGE -----

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AVERAGE COST UNITS/DAYS COST PER 3,160 ELIGIBLES USERS EXPENDITURES UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 80 422 @ALL OTHER PROVIDERS 12,951.64 30.69 .134 \$ 161.90 \$ 4.10 2 268.15 134.08 134.08 DURABLE MED. EQUIP. .001 .08 .00 .00 BLOOD BANK .00 .000 .00 0 HEARING AID DISPENSERS 0 .00 .00 .000 .00 .00 299 347.60 MEDICAL TRANSPORTATION 14 4,866.41 16.28 .095 14 298 10.29 .094 219.03 3,066.41 AMBULANCES/AIR TRANS OTHER TRANS 0 0 .00 .00 .000 .00 .00 OTHER SERVICES 1 1,800.00 1800.00 .000 1800.00 .57 .00 .00 .000 .00 ACUPUNCTURE 0 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 55 5,775.00 GENETIC DISEASE TESTING 105.00 .017 105.00 1.83 .00 .00 .00 .000 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 0 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 .00 .00 .00 PHYSICAL THERAPIST .000 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS 144.48 144.48 .000 144.48 . 0.5 144.48 144.48 .000 144.48 PROSTHETICS .00 .00 ORTHOTICS .00 .000 .00 PSYCHOLOGIST 0 .00 .00 .000 .00 .00 1,744.97 42.56 348.99 SPEECH AND AUDIOLOGY .013 0 .00 .00 .00 HOSPICE SERVICES .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .000 .00 152.63 6.36 .008 38.16 LOCAL EDUCATION AGENCIES 0 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .000 .00

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SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

NEVADA COUNTY

RESPIRATORY CARE PRACT.

PED SUBACUTE REHAB/WEANING

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	16	91	\$ 43,951.36	\$ 482.98	.029	\$ 2746.96	\$ 13.91
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

0\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 8,997
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

NEVADA COUNTY	SUMMARY OF SERV	ICES FOR TITLE II DIS	REGARD - AGED	AID CODE	16		
					MON'	THLY AVERAG	SE
681 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	600	5 <b>,</b> 143 \$	243,050.45	\$ 47.26	7.552 \$	405.08	\$ 356.90
@PHYSICIANS SERVICES	118	342 \$	4,659.77	\$ 13.63	.502 \$	39.49	\$ 6.84
OUTPATIENT VISITS	1	1	.00	.00	.001	.00	.00
OFFICE VISITS	1	1	.00	.00	.001	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	8.01	8.01	.001	8.01	.01
EXAMINATIONS	1	1	8.01	8.01	.001	8.01	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	.00	.00	.001	.00	.00
PRINCIPAL SURGEON	1	1	.00	.00	.001	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	2.26	1.13	.003	1.13	.00
RADIOLOGY	1	1	8.57	8.57	.001	8.57	.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	115	336	4,640.93	13.81	.493	40.36	6.81
@PHARMACY	519	3,778 \$	. ,	\$ 52.37	5.548 \$		
PRESCRIPTION DRUGS	516	2,233	195,692.14	87.64	3.279	379.25	287.36
SNF/ICF	6	37	1,212.85	32.78	.054	202.14	1.78
OUTPATIENTS	511	2,196	194,479.29	88.56	3.225	380.59	285.58
MEDICAL SUPPLIES	25	1,545	2,175.09	1.41	2.269	87.00	3.19
@DENTIST	20	57 \$	1,908.00	\$ 33.47	.084 \$		
VISITS - DIAGNOSTIC	13	34	558.00	16.41	.050	42.92	.82
ORAL SURGERY	2	4	163.00	40.75	.006	81.50	.24
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	5	6	339.00	56.50	.009	67.80	.50
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	4	12	848.00	70.67	.018	212.00	1.25
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	1	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DEC	2004	PAGE 8,998
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FO	OR TITLE II	DISREGARD - AGED	AID CODE	16		

NEVADA COUNTY	SUMMARY OF SERVI	CES FOR	TITLE I	I DI	SREGARD - AGED		AID CODE	16				00, 11, 00
								MO	TNC	HLY AVERA	GE	
681 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	7		15	\$	364.64	\$	24.31	.022	\$	52.09	\$	.54
DIAGNOSTIC AND ANC. PROCED	2		2		94.90		47.45	.003		47.45		.14
EYE APPLIANCES	5		11		192.83		17.53	.016		38.57		.28
OTHER OPTOMETRIC SERVICES	5 1 0 0		2		76.91		38.46	.003		76.91		.11
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	9		9	\$	46.81	\$	5.20	.013	\$	5.20	\$	.07
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	9		9		46.81		5.20	.013		5.20		.07
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0		0	\$		\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00		.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	94		306	\$	18,010.93	\$	58.86	.449	\$	191.61	\$	26.45
HOSP INPATIENT TOTAL	13		0		11,352.00		.00	.000		873.23		16.67
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	13		0		11,352.00		.00	.000		873.23		16.67
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	84		306		6,658.93		21.76	.449		79.27		9.78
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	3		4		39.05		9.76	.006		13.02		.06
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT			302	_	6,619.88	_	21.92	.443	_	80.73	_	9.72
@COUNTY HOSPITAL TOTAL	0		0	\$		\$	.00	.000	Ş	.00	Ş	.00
CO HOSPITAL INPATIENT TOTAL			0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	U		U		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MO	NTH-OF-PAYMENT REP	ORT FOR JAN 20	04 THRU DE	C 2004	PAGE 8,999
MOP024	FEE-FOR-SERVICE/DENTA	ΑL					03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES I	FOR TITLE II DIS	REGARD - AGED	AID CODE 1	6		
				-	MON	ITHLY AVERAG	E
681 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST U	NITS/DAYS	COST PER	COST PER
	OR I	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	94	306 \$	18,010.93	\$ 58.86	.449 \$	191.61	\$ 26.45
COMM HOSP INPATTENT TOTAL	13	Ω	11 352 00	0.0	000	873 23	16 67

					M	ONT	HLY AVERA	GE.	
681 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	ERAGE COST			COST PER		COST PER
		OR DAYS OF CARE		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	94	306	\$ 18,010.93	\$ 58.86	.449	\$	191.61	\$	26.45
COMM HOSP INPATIENT TOTAL	13	0	11,352.00	.00	.000		873.23		16.67
HSC HOSPITALS	0	0	.00	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00		.00
ANCILLARIES	0	0	.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	13	0	11,352.00	.00	.000		873.23		16.67
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	84	306	6,658.93	21.76	.449		79.27		9.78
MEDICAL	0	0	.00	.00	.000		.00		.00
SURGERY	0	0	.00	.00	.000		.00		.00
PATHOLOGY	3	4	39.05	9.76	.006		13.02		.06
RADIOLOGY	0	0	.00	.00	.000		.00		.00
ROOM USE	0	0	.00	.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	82	302	6,619.88	21.92	.443		80.73		9.72
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0	.00	.00	.000		.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000		.00		.00
@NURSING FACILITY	10	98	\$ 13,758.16	\$ 140.39	.144	\$	1375.82	\$	20.20
LEV A-INTERMEDIATE	0	0	.00	.00	.000		.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00		.00
LEV B-REGULAR	10	98	13,758.16	140.39	.144		1375.82		20.20
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000	\$	.00	\$	.00
ICF DDH	0	0	.00	.00	.000		.00		.00
ICF DD	0	0	.00	.00	.000		.00		.00
ICF DDN/DDCN	0	0	.00	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	.00	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	.00	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	.00	.00	.000		.00		.00
@LABORATORY FACILITY	4	6	\$ 71.71	\$ 11.95	.009	\$	17.93	\$	.11
PATHOLOGY	3	5	65.21	13.04	.007		21.74		.10
XO AND OTHERS	1	1	6.50	6.50	.001		6.50		.01

@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC	9 0 0 0 9	13 0 0 0 13	\$	2,223.94 .00 .00 .00 2,223.94		171.07 .00 .00 .00 .00	.000 .000 .000 .019	\$ 247.10 .00 .00 .00 247.10	·	3.27 .00 .00 .00 .3.27
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITUR DENTAL	RES MO	NTH-OF-PAYMENT	REPORT	FOR JAN 2	2004 THRU D	EC 2004	P	AGE 9,000 03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR TITLE	II DIS	GREGARD - AGED		AID CODE				
								NTHLY AVERA		
681 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		RAGE COST UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER		COST PER ELIGIBLE
@ALL OTHER PROVIDERS	70	519	\$	4,139.26	\$	7.98	.762	\$ 59.13	\$	6.08
DURABLE MED. EQUIP.	3	3		1,779.56		593.19	.004	593.19		2.61
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	2	2		743.08		371.54	.003	371.54		1.09
MEDICAL TRANSPORTATION	1	60		107.21		1.79	.088	107.21		.16
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	1	60		107.21		1.79	.088	107.21		.16
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	19	39		497.86		12.77	.057	26.20		.73
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	1	1		15.00		15.00	.001	15.00		.02
PROSTHETICS	1	1		15.00		15.00	.001	15.00		.02
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00		.00

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	45	414		996.55	2.41	.608	22.15	1.46
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	218	1,092	\$	26,055.61	\$ 23.86	1.604	\$ 119.52	\$ 38.26
O+ MOMATO TAL BURGO TEARS AND CITIES	. 30 3 00030300	TATEODAGAETON	TERM ON	TT 37				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,001 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

NEVADA COUNTY	SUMMARY OF SER	VICES FOR TITLE	II DI	ISREGARD - BLIND	AID	CODES 26	6A			
							MC			
17 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAYS	5	COST PER	COST PER
		OR DAYS OF CAR					PER ELIG		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	16	80	\$	3,068.14	\$	38.35	4.706		191.76	180.48
@PHYSICIANS SERVICES	3	7	\$	111.11	\$	15.87	.412	\$	37.04	\$ 6.54
OUTPATIENT VISITS	0	0		.00		.00	.000		.00	.00
OFFICE VISITS	0	0		.00		.00	.000		.00	.00
HOME VISITS	0	0		.00		.00	.000		.00	.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00	.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00	.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00	.00
INPATIENT VISITS	0	0		.00		.00	.000		.00	.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00	.00
CRITICAL CARE	0	0		.00		.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00	.00
EXAMINATIONS	0	0		.00		.00	.000		.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	.00
DIALYSIS	0	0		.00		.00	.000		.00	.00
PATHOLOGY	0	0		.00		.00	.000		.00	.00
RADIOLOGY	0	0		.00		.00	.000		.00	.00
PSYCHIATRY	0	0		.00		.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	3	7		111.11		15.87	.412		37.04	6.54
@PHARMACY	14	48	\$	1,952.85	\$	40.68	2.824	\$	139.49	\$ 114.87
PRESCRIPTION DRUGS	14	48		1,952.85		40.68	2.824		139.49	114.87
SNF/ICF	0	0		.00		.00	.000		.00	.00
OUTPATIENTS	14	48		1,952.85		40.68	2.824		139.49	114.87
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00	.00
ORAL SURGERY	0	0		.00		.00	.000		.00	.00

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
	0	0									
ENDODONTICS	0	U		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	O	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
	0	0									
ORTHODONTIC SERVICES	U	U		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			RES M	ONTH-OF-PAYMENT RE	EPORT FOR	JAN	2004 THRU I	DEC	2004	P	AGE 9,002
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR TITLE I	I DI	SREGARD - BLIND	AID COD	ES 26	6A				
							MO	TNC	HLY AVERA	GE	
17 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERACE	СОСТ	UNITS/DAYS		COST PER		COST PER
17 EDIGIDDES	ODENS			EXIENDITONES				,	USER		ELIGIBLE
0.0000000000000000000000000000000000000	0	OR DAYS OF CARE		0.0	PER UNI			<u> </u>			
@OPTOMETRIST	0	0	\$	.00		.00	.000	Ş	.00	Ş	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	Ś	.00	.000	Ś	.00	Ś	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	Õ		.00		.00	.000		.00		.00
	0	0	Ś					Ċ		Ċ	
@PODIATRIST	U		Ą	.00		.00		\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	Ś	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	S	.00		.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	Ċ	.00		.00	.000	\$	.00	\$	.00
	0	0	ç	.00		.00		- :	.00	Ś	
PEDIATRIC NURSE PRACTITIONER	. 0		ې				.000	\$			.00
FAMILY NURSE PRACTITIONER	U	0	\$	.00		.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	1	9	Ş	57.30		.37	.529	\$	57.30	\$	3.37
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0	0									
ALL OTHER ACCOM	0	U		.00		.00	.000		.00		.00
ANCILLARIES	Ü	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1	9		57.30	6	.37	.529		57.30		3.37
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	Õ		.00		.00	.000		.00		.00
	0										
RADIOLOGY	· ·	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		9		57.30		.37	.529		57.30		3.37
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
	-	-				-			. , ,		

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND H	•					PAGE 9,003
MOP024		TAPENDITURES M	ONIH-OF-PAIMENI RE	EPORT FOR JAN 2	1004 IRRO DEC	2004	•
MOPUZ4 NEVADA COUNTY	FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR	דת דד הדהדה כ	CDECADD DITND	AID CODES 26	67		03/14/05
NEVADA COUNTI	SUMMARI OF SERVICES FOR	K IIIIE II DI	SREGARD - BLIND	AID CODES 20	MONT	III V ATTEDAC	GF
17 ELIGIBLES	USERS UNITS (	OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
I/ ELIGIBLES			EXPENDITORES		PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	OR DA:	S OF CARE 9 \$	57.30	PER UNIT/DAY \$ 6.37	.529 \$	57.30	-
COMM HOSP INPATIENT TOTAL	0	9 7 0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ANCILLARIES INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00 57.30	6.37	.529	57.30	3.37
MEDICAL	1	9	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	9	57.30	6.37	.529	57.30	3.37
CROSSOVERS/ALL OTH OUTPINT	1	9 0 \$	.00	\$ .00			\$ .00
@STATE HOSPITAL	0	0 5				.00	
MENTALLY ILL	0	· ·	.00	.00	.000		.00
DEVELOP. DISABLED	U	0 0 \$	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
LEV A-INTERMEDIATE	U	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	U	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	U	0	.00	.00	.000	.00	.00

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LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

ODDUADII IMAMIONI DAGII IMV			0	ć	0.0	Ċ	0.0	0.00	ė oo	Ċ	0.0
@REHABILITATION FACILITY	0		0	\$	.00	\$	.00	.000	•	\$	.00
HOSPITAL BASED	0				.00		.00	.000	.00		.00
INDEPENDENT FACILITY	U		0	<b>^</b>	.00	<u>^</u>	.00	.000	.00	<u> </u>	.00
@LABORATORY FACILITY	U		0	\$	.00	\$	.00	.000	•	\$	.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
XO AND OTHERS	0		0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	4		4	\$	864.00	\$	216.00	.235		\$	50.82
CLINIC	0		0		.00		.00	.000	.00		.00
SURGICENTER	0		0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	4		4		864.00		216.00	.235	216.00		50.82
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXI	PENDITUE	RES MO	NTH-OF-PAYMENT R	EPORT	FOR JAN 2	2004 THRU D	EC 2004	PA	GE 9,004
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR	TITLE D	II DIS	REGARD - BLIND	AII	CODES 26	6A			
								MO	NTHLY AVERA	GE -	
17 ELIGIBLES	USERS	UNITS OF	SERVICE	€	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	COST PER	С	OST PER
		OR DAYS	OF CARE	€		PEF	R UNIT/DAY	PER ELIG	USER	Ε	LIGIBLE
@ALL OTHER PROVIDERS	6		12	\$	82.88	\$	6.91	.706	\$ 13.81	\$	4.88
DURABLE MED. EQUIP.	0		0		.00		.00	.000	.00	·	.00
BLOOD BANK	0		Õ		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0		0		.00		.00	.000			.00
MEDICAL TRANSPORTATION	0		0		.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0		0		.00		.00	.000	.00		.00
·	0		0		.00		.00	.000	.00		.00
OTHER TRANS	0		0								
OTHER SERVICES	0		0		.00		.00	.000	.00		.00
ACUPUNCTURE	U		0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	U		0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	Ü		0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0		0		.00		.00	.000	.00		.00
OPTICIAN	0		0		.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0		0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0		0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0		0		.00		.00	.000	.00		.00
PROSTHETICS	0		0		.00		.00	.000	.00		.00
ORTHOTICS	0		0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0		0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0		0		.00		.00	.000	.00		.00
HOSPICE SERVICES	0		0		.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0		0		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0		0		.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0		0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0		0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0		0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	6		12		82.88		6.91	.706	13.81		4.88
@CALIF. CHILDREN SERVICES*	0		0	\$	.00	\$	.00	.000		Ċ	.00
@XOVER EXCLUDING STATE HOSP**	7		28	ڊ خ	251.29	Ś	8.97				14.78
	CTITENI AC A CEDAD	AME TARODA		rmen ^		Ą	0.97	1.047	7 33.90	۲	14.70
@* TOTALS IN THESE LINES ARE											
THE AMOUNTS ARE ALREADY IN					ABOVE.						
** THESE DATA ARE INCLUDED I								2004 =========	Ta 000 *		CT 0 005
			PENDITUE	RES MO	NTH-OF-PAYMENT R	EPORT	' FOR JAN 2	2004 THRU D	EC 2004	PA	GE 9,005
	FEE-FOR-SERVICE										03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR	TITLE 1	II DIS	REGARD - DISABLE	D AII	CODES 36				
								MO	NTHLY AVERA	GE -	
313 ELIGIBLES	USERS	UNITS OF	SERVICE	£	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	COST PER	С	OST PER
		OR DAYS	OF CARE	€		PEF	R UNIT/DAY	PER ELIG	USER	Ε	LIGIBLE

@TOTAL, ALL PROVIDERS	286	2,523	\$ 146,978.07	\$ 58.26	8.061	\$ 513.91	\$ 469.58
@PHYSICIANS SERVICES	28	43	\$ 630.06	\$ 14.65	.137	\$ 22.50	\$ 2.01
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	28	43	630.06	14.65	.137	22.50	2.01
@PHARMACY	250	1,747	\$ 104,965.02	\$ 60.08	5.581	\$ 419.86	\$ 335.35
PRESCRIPTION DRUGS	247	972	101,797.35	104.73	3.105	412.14	325.23

SNF/ICF	0	0		.00		.00	.000		.00		.00	
OUTPATIENTS	247	972		101,797.35		104.73	3.105		412.14		325.23	
MEDICAL SUPPLIES	31	775		3,167.67		4.09	2.476		102.18		10.12	
@DENTIST	17	62	\$	2,240.00	\$	36.13	.198	\$	131.76	\$	7.16	
VISITS - DIAGNOSTIC	13	38		725.00		19.08	.121		55.77		2.32	
ORAL SURGERY	2	3		128.00		42.67	.010		64.00		.41	
DRUGS	0	0		.00		.00	.000		.00		.00	
ANESTHESIA	0	0		.00		.00	.000		.00		.00	
PERIODONTICS	1	1		118.00		118.00	.003		118.00		.38	
ENDODONTICS	1	1		215.00		215.00	.003		215.00		.69	
RESTORATIVE DENTISTRY	5	9		697.00		77.44	.029		139.40		2.23	
PROSTHETICS	0	0		.00		.00	.000		.00		.00	
DENTURES, STAYPLATES	1	10		357.00		35.70	.032		357.00		1.14	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00	
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITUR	RES MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	PA	GE 9,006	
MOP024	FEE-FOR-SERVICE/DENT	'AL									03/14/05	

NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

NEVADA COUNTI	SUMMARI OF SER	VICES FOR IIILE	TT DI	DVEGAVD - DISADTE	D AIL	CODES 30				
							M		GΕ	
313 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		RAGE COST		COST PER		COST PER
		OR DAYS OF CAR	E			R UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	3	7	\$	125.14	\$	17.88	.022	\$ 41.71	\$	.40
DIAGNOSTIC AND ANC. PROCED	1	1		39.44		39.44	.003	39.44		.13
EYE APPLIANCES	2	6		85.70		14.28	.019	42.85		.27
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	2	2	\$	37.92	\$	18.96	.006	\$ 18.96	\$	.12
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	2	2		37.92		18.96	.006	18.96		.12
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
@TOTAL HOSPITAL	35	115	\$	7,325.90	\$	63.70	.367	\$ 209.31	\$	23.41
HOSP INPATIENT TOTAL	7	0		5,863.88		.00	.000	837.70		18.73
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	7	0		5,863.88		.00	.000	837.70		18.73
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	30	115		1,462.02		12.71	.367	48.73		4.67
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	1	1		8.61		8.61	.003	8.61		.03

RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	1	1		35.35	3	35.35	.003	35.35		.11
CROSSOVERS/ALL OTH OUTPTNT	29	113	1	,418.06	1	2.55	.361	48.90		4.53
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURE	ES MONTH-OF-E	PAYMENT RE	EPORT FO	OR JAN 2	2004 THRU	DEC 2004	PAGE	9,007
MOP024	FEE-FOR-SERVICE/DENTAL								0	3/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR	TITLE II	DISREGARD -	- DISABLED	O AID CC	DES 36	66 6C			

NEVADA COUNTI	SUMMARI OF SER	VICES FOR TITLE	TT DI	SKEGARD - DISABLEL	AID CODES 36				
						MC	NTHLY AVERA	\GE	
313 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CA	RE		PER UNIT/DAY	Y PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	35	115	\$	7,325.90	\$ 63.70	.367	\$ 209.31	\$	23.41
COMM HOSP INPATIENT TOTAL	7	0		5,863.88	.00	.000	837.70		18.73
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	7	0		5,863.88	.00	.000	837.70		18.73
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	30	115		1,462.02	12.71	.367	48.73		4.67
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	1	1		8.61	8.61	.003	8.61		.03
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	1	1		35.35	35.35	.003	35.35		.11
CROSSOVERS/ALL OTH OUTPINT	29	113		1,418.06	12.55	.361	48.90		4.53
@STATE HOSPITAL	0	0	\$	.00	\$ .00		\$ .00	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	2,151.27	\$ .00	.000	\$ .00	\$	6.87

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		2,151.27		.00	.000		.00		6.87
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	14	16	\$	2 <b>,</b> 526.79	\$	157.92	.051	\$	180.49	\$	8.07
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	14	16		2 <b>,</b> 526.79		157.92	.051		180.49		8.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITU	RES	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 2004	THRU	DEC	2004	PA	GE 9,008
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR	R TITLE	II D	ISREGARD - DISABLEI	DAID	CODES 36 66	6C				

----- MONTHLY AVERAGE -----313 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 49 26,975.97 86.19 @ALL OTHER PROVIDERS 531 50.80 1.696 \$ 550.53 \$ DURABLE MED. EQUIP. 1 1 76.00 76.00 .003 76.00 BLOOD BANK 0 .00 .00 .000 .00 HEARING AID DISPENSERS 0 .00 .00 .000 .00 .00 48.79 MEDICAL TRANSPORTATION 103 . 47 .329 24.40 .16 AMBULANCES/AIR TRANS 0 .00 .00 .000 .00 .00 OTHER TRANS 0 .00 .00 .000 .00 .47 OTHER SERVICES 103 48.79 .329 24.40 .16 ACUPUNCTURE 0 .00 .00 .000 .00 ADULT DAY HEALTH CARE CTR 368 25,605.44 69.58 1.176 1066.89 81.81 GENETIC DISEASE TESTING 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST .00 .00 .000 .00 0 .00 OPTICIAN 6 47.00 7.83 .019 15.67 .15 .00 .00 .00 PHYSICAL THERAPIST .000 .00 .00 PORTABLE X-RAY .00 .000 .00 PROSTHETIST/ORTHOTISTS 334.61 167.31 41.83 .026 1.07 167.31 334.61 41.83 PROSTHETICS .026 ORTHOTICS .00 .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .000 .00 .00 320.96 45.85 320.96 SPEECH AND AUDIOLOGY .022 .00 .00 HOSPICE SERVICES .00 .000 .00 NONINST BIRTHING CENTERS .00 .00 .00 .000 .00 .00 .00 LOCAL EDUCATION AGENCIES .000 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 Ω .00 .000 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 14.29 ALL OTHER PROVIDERS 38 543.17 31.95 .121 1.74 @CALIF. CHILDREN SERVICES\* 0 \$ .000 \$ .00 \$ Ω .00 .00 .00 @XOVER EXCLUDING STATE HOSP\*\* 82 123.95 \$ 1,057 10,164.16 9.62 3.377 \$ 32.47

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,009 MOP024 FEE-FOR-SERVICE/DENTAL

NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

NEVADA COUNTY	SUMMARY OF SERV	/ICES FOR TITLE II DI	SREGARD - FAMILIES	DISCONTINU			7.0
00 811018180	HORDO	INTEG OF CERTIFICE		317ED30E 000E	MONT		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	0	OR DAYS OF CARE	0.0	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	•	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	Ö	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	Ö	0	.00	.00	.000	.00	.00

03/14/05

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,010 MOP024 FEE-FOR-SERVICE/DENTAL

NEVADA COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

NEVADA COUNTI	DOMINANT OF DERIV.	ICES FOR	111111111111111111111111111111111111111	AND LAMITIES	DIDCONTIN	OLD			
						MON	NTHLY AVERA	GE.	
00 ELIGIBLES	USERS	UNITS OF	SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS	OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0		0	\$ .00	\$ .00	.000	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0		0	.00	.00	.000	.00		.00
EYE APPLIANCES	0		0	.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0		0	.00	.00	.000	.00		.00
@CHIROPRACTOR	0		0	\$ .00	\$ .00	.000	.00	\$	.00
VISITS	0		0	.00	.00	.000	.00		.00
OTHER SERVICES	0		0	.00	.00	.000	.00		.00
@PODIATRIST	0		0	\$ .00	\$ .00	.000	.00	\$	.00
MEDICINE/INJECTIONS	0		0	.00	.00	.000	.00		.00
SURGERY/ANES.	0		0	.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0		0	.00	.00	.000	.00		.00
OTHER	0		0	.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0		0	\$ .00	\$ .00	.000	.00	\$	.00
NURSE ANESTHESIST	0		0	\$ .00	\$ .00	.000	.00	\$	.00
NURSE MIDWIFE	0		0	\$ .00	\$ .00	.000	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$ .00	\$ .00	.000	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$ .00	\$ .00	.000	.00	\$	.00
@TOTAL HOSPITAL	0		0	\$ .00	\$ .00	.000	.00	\$	.00
HOSP INPATIENT TOTAL	0		0	.00	.00	.000	.00		.00
HSC HOSPITALS	0		0	.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0		0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00		.00
ANCILLARIES	0		0	.00	.00	.000	.00		.00

03/14/05

TAIDA ELTENIE ODOGGOLIEDO	0	0	0.0	0.0	0.00	0.0	0.0
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00			.00	
	U	0		.00	.000		.00
ROOM USE	Ü	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	n	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
ACCOMMODATIONS	0	U	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	n	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	0					
CO HOSP OUTPATIENT TOTAL	Ü	Ü	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	
CROSSOVERS/ALL OTH OUTPTNT				.00	.000		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2004 THRU DEC	2004	PAGE 9,011
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
MOPUZ4 NEVADA COUNTY		/DENTAL ICES FOR TITLE II DISF	REGARD - FAMILIES	DISCONTING	UED		03/14/05
			REGARD - FAMILIES	DISCONTINU	UED MONT	HLY AVERA	
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR TITLE II DISF			MONT		GE
		ICES FOR TITLE II DISF UNITS OF SERVICE	REGARD - FAMILIES EXPENDITURES	AVERAGE COST	MONT UNITS/DAYS	COST PER	GE COST PER
NEVADA COUNTY  00 ELIGIBLES	SUMMARY OF SERV USERS	ICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONT UNITS/DAYS PER ELIG	COST PER USER	GE COST PER ELIGIBLE
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00	AVERAGE COST PER UNIT/DAY \$ .00	MONT UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	GE COST PER ELIGIBLE \$ .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERV  USERS  0 0	ICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00	MONT UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	COST PER ELIGIBLE \$ .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERV  USERS  0 0 0 0	ICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00	AVERAGE COST PER UNIT/DAY \$ .00	MONT UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	GE COST PER ELIGIBLE \$ .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERV  USERS  0 0	ICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00	MONT UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	COST PER ELIGIBLE \$ .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERV  USERS  0 0 0 0	ICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000	COST PER USER .00 .00	COST PER ELIGIBLE \$ .00 .00 .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0	ICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000	COST PER USER .00 .00 .00 .00	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0	ICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0	ICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0	ICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERV	ICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0	ICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERV	ICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERV	ICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERV	ICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  O O O O O O O O O O O O O O O O O O	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  O O O O O O O O O O O O O O O O O O	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE OSSOCIATION OSSOCIATI	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  O \$ O O O O O O O O O O O O O O O O O	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  O \$ O O O O O O O O O O O O O O O O O	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  O \$ O O O O O O O O O O O O O O O O O	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  O \$ O O O O O O O O O O O O O O O O O	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00		\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-0	F-PAYMENT RE	EPORT F	OR JAN 20	004 THRU	DEC	2004	PAGE	9,012
MOP024	FEE-FOR-SERVICE/DENTAL									03	3/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR	TITLE	II DISREGAE	RD - FAMILIES	5 DI	SCONTINUE					
						_	M	$\cap$ NTH	T.V AMERA	CF	

					MON'	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,013 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL ----- MONTHLY AVERAGE -----1,011 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE
7,746 \$ 393,096.66 \$ 50.75
392 \$ 5,400.94 \$ 13.78 OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 902 @TOTAL, ALL PROVIDERS \$ 50.75 7.662 \$ 435.81 \$ 388.82 0.94 149 @PHYSICIANS SERVICES .388 \$ 36.25 \$ 5.34 .00 OUTPATIENT VISITS 1 .00 .001 .00 1 0 OFFICE VISITS .00 .001 .00 .00 .00 .00 HOME VISITS .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .00 .00 .00 PREVENTIVE CARE .00 OB VISITS/COMPRE PERI Ω .00 .00 OTHER OUTPATIENT .00 . 00 .00 INPATIENT VISITS .00 .00 HOSPITAL VISITS .00 .00 .00 .00 CRITICAL CARE .00 .00 .00 8.01 8.01 .00 SNF/ICF/TRANS IP CARE .00 .00 OPHTHALMOLOGICAL SERVICES 8.01 .01 8.01 EXAMINATIONS . 01 .00 . 00 SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY .00 .00 .00 .000
.00 .000
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8.57 .001
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.00 .000 .00 .00 .00 PRINCIPAL SURGEON .00 .00 .00 ASSISTANT SURGEON . 00 0 .00 ANESTHESIOLOGIST .00 OUTPATIENT SURGERY .00 .00 .00 PRINCIPAL SURGEON . 00 .00 ASSISTANT SURGEON .00 .00 2.26 .00 ANESTHESIOLOGIST .00 .00 DIALYSIS .00 1.13 . 00 PATHOLOGY 1 0 0 386 5,573 3,253 37 8.57 .00 8.57 . 01 RADIOLOGY .00 .00 PSYCHIATRY 0 .00 .00 .000 .00 .00 IMMUNIZATION AND INJECTION 5,382.10 OTHER SERVICES/ALL X-OVERS 146 13.94 .382 36.86 5.32 304,785.10 \$ 54.69 @PHARMACY 783 5.512 \$ 389.25 \$ 301.47 299,442.34 92.05 1,212.85 32.78 298,229.49 92.73 777 3.218 385.38 296.18 PRESCRIPTION DRUGS SNF/ICF 6 .037 202.14 1.20 772 386.31 3,216 3.181 294.98 OUTPATIENTS MEDICAL SUPPLIES 2,320 5,342.76 2.30 2.295 95.41 .118 \$ 112.11 \$ 37 119 4,148.00 \$ 34.86 @DENTIST 4.10 26 72 1,283.00 17.82 .071 49.35 VISITS - DIAGNOSTIC 1.27 291.00 .00 .00 4 41.57 .007 72.75 ORAL SURGERY .00 .000 .00 .000 118.00 .001 0 .00 .00 DRUGS 0 .00 . 00 ANESTHESTA 118.00 118.00 118.00 PERIODONTICS 1 15 69.07 .00 .001 215.00 .015 103.60 215.00 215.00 1,036.00 69.07 ENDODONTICS .21 10 RESTORATIVE DENTISTRY 1.02 Ω .000 .00 PROSTHETICS Ω .00 .00

DENTURES, STAYPLATES	5	22	1,205.00	54.77	.022	241.00	1.19
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	1	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 20	04 THRU DEC	2004	PAGE 9,014
MOP024	FEE-FOR-SERVICE/DENT.	AL					03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES	FOR TITLE II	DISREGARD - TOTAL				

NEVADA COONTI	DOMMANT OF DERV	ICES FOR	111111111111111111111111111111111111111	DISKE	IOAND IOIAL			Mo	тис	HLY AVERA	GE	
1,011 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVEI	RAGE COST	UNITS/DAY:		COST PER		COST PER
,			OF CARE					PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	10		22	\$	489.78	\$	22.26	.022	\$	48.98	\$	.48
DIAGNOSTIC AND ANC. PROCED	3		3		134.34		44.78	.003		44.78		.13
EYE APPLIANCES	7		17		278.53		16.38	.017		39.79		.28
OTHER OPTOMETRIC SERVICES	1		2		76.91		38.46	.002		76.91		.08
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	11		11	\$	84.73	\$	7.70	.011	\$	7.70	\$	.08
MEDICINE/INJECTIONS	0		0		.00	·	.00	.000	•	.00		.00
SURGERY/ANES.	0		Ō		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	11		11		84.73		7.70	.011		7.70		.08
@HOME HEALTH AGENCY			0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		Ö	\$	.00	\$	.00	.000	Ś	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		Ō	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	130		430	Ś	25,394.13	\$	59.06	.425		195.34	\$	25.12
HOSP INPATIENT TOTAL	20		0	т	17,215.88	τ	.00	.000	Τ.	860.79	т	17.03
HSC HOSPITALS	0		Ö		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		Ö		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		Ö		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		Ö		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		Ö		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		Ö		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	20		Ö		17,215.88		.00	.000		860.79		17.03
ALL OTHER INPATIENT	0		Ö		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	115		430		8,178.25		19.02	.425		71.12		8.09
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		Ö		.00		.00	.000		.00		.00
PATHOLOGY	4		5		47.66		9.53	.005		11.92		.05
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	1		1		35.35		35.35	.001		35.35		.03
CROSSOVERS/ALL OTH OUTPTNT	112		424		8,095.24		19.09	.419		72.28		8.01
@COUNTY HOSPITAL TOTAL	0		0	\$	.00	\$	.00	.000	¢	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0		0	٧	.00	Y	.00	.000	Y	.00	Y	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
VIACTITIVI/TED	U		U		.00		. 0 0	.000		. 0 0		.00

TVD1#TFV# CD000011FD0	^	0	0.0	0.0	0.00	0.0	0.0
INPATIENT CROSSOVERS	U	U	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	U	U	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES MC	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 9,015
MOP024	FEE-FOR-SERVICE	DENTAL					03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR TITLE II DIS	REGARD - TOTAL				
					MON	THLY AVERAC	E
1,011 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
, ,		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	130	430 \$	25,394.13	\$ 59.06	.425 \$	195.34	\$ 25.12
COMM HOSP INPATIENT TOTAL	20	0	17,215.88	.00	.000	860.79	17.03
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	20	0	17,215.88	.00	.000	860.79	17.03
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	115	430	8,178.25	19.02	.425	71.12	8.09
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	Δ	5	47.66	9.53	.005	11.92	.05
RADIOLOGY	Û	0	.00	.00	.000	.00	.00
ROOM USE	1	1	35.35	35.35	.001	35.35	.03
NOOM USE	1	1	33.33	33.33	.001	33.33	.03

CROSSOVERS/ALL OTH OUTPTNT	112	424		8,095.24		19.09	.419		72.28		8.01
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	10	98	\$	13,758.16	\$	140.39	.097	\$	1375.82	\$	13.61
LEV A-INTERMEDIATE	0	0		.00	·	.00	.000	•	.00	•	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	10	98		13,758.16		140.39	.097		1375.82		13.61
@INTERMEDIATE CARE FACILDD	0	0	Ġ	2,151.27	\$	.00	.000	¢		\$	2.13
ICF DDH	0	0	۲	.00	۲	.00	.000	Y	.00	Y	.00
ICF DDN	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		2,151.27		.00	.000		.00		2.13
	0	0	\$	.00	\$	.00	.000	ċ		\$	.00
@HEMODIALYSIS TOTAL	0	0	ş	.00	ş			Ą	.00	Ą	.00
HOSPITAL BASED	0	-				.00	.000				
HEMODIALYSIS CENTER		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	Ş		\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	6	\$	71.71	\$	11.95	.006	Ş	17.93	\$	.07
PATHOLOGY	3	5		65.21		13.04	.005		21.74		.06
XO AND OTHERS	1	1		6.50		6.50	.001		6.50		.01
@ORGANIZED OUTPATIENT CLINIC	27	33	\$	5,614.73	\$	170.14	.033	\$		\$	5.55
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	27	33		5,614.73		170.14	.033		207.95		5.55
#CALIF DEPT OF HEALTH SERV N	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES M	MONTH-OF-PAYMENT R	EPOR	T FOR JAN 2	2004 THRU I	DEC	2004	P.	AGE 9,016
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR TITLE I	II DI	SREGARD - TOTAL							
							MO	TNC	HLY AVERA	GE -	
1,011 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	S	COST PER	(	COST PER
,		OR DAYS OF CARE	2		PE	R UNIT/DAY	PER ELIG		USER	F	ELIGIBLE
@ALL OTHER PROVIDERS	125	1,062	\$	31,198.11	\$	29.38	1.050	Ś	249.58		30.86
DURABLE MED. EQUIP.	4	4	'	1,855.56		463.89	.004		463.89		1.84
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	2	2		743.08		371.54	.002		371.54		.73
MEDICAL TRANSPORTATION	3	163		156.00		.96	.161		52.00		.15
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	1	60		107.21		1.79	.059		107.21		.11
OTHER TRANS	2	103		48.79		.47	.102		24.40		.05
	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	24	368							1066.89		25.33
ADULT DAY HEALTH CARE CTR	24			25,605.44		69.58	.364				
GENETIC DISEASE TESTING	•	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	22	45		544.86		12.11	.045		24.77		.54
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
	()	✓		^ ^		$\Omega$	$\alpha \alpha \alpha$		() ()		$\Omega \Omega$

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PORTABLE X-RAY

PROSTHETICS

ORTHOTICS

PSYCHOLOGIST

PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

0

3

3

0

HOSPICE SERVICES	0	0		.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	68	464		1,622.60		3.50	.459		23.86		1.60
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@XOVER EXCLUDING STATE HOSP**	307	2,177	\$	36,471.06	\$	16.75	2.153	\$	118.80	\$	36.07
CHOVER ENGLODING DIFFIE HOOF	307	2, 1,	Τ	30,171.00	Τ.	10.70	2.100	т	110.00	т	30.07

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,017 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 NEVADA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

NEVADA COUNTY	SUMMARY OF SER	VICES FOR IN HOME	SUP	PPORT - AGED		AID CODE					
							MC	TNC	HLY AVERA	GΕ	
591 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	3			COST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	565	12,692	\$	308,547.20	\$	24.31	21.475		546.10	\$	522.08
@PHYSICIANS SERVICES	62	134	\$	1,876.79	\$	14.01	.227	\$	30.27	\$	3.18
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		6.46		6.46	.002		6.46		.01
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	61	133		1,870.33		14.06	.225		30.66		3.16
@PHARMACY	448		\$	156,969.22	\$	18.52	14.340	\$		\$	265.60
PRESCRIPTION DRUGS	438	1,976		152,012.95		76.93	3.343		347.06		257.21
SNF/ICF	11	92		4,173.34		45.36	.156		379.39		7.06
OUTPATIENTS	430	1,884		147,839.61		78.47	3.188		343.81		250.15
MEDICAL SUPPLIES	50	6,499		4,956.27		.76	10.997		99.13		8.39
@DENTIST	20		\$	4,101.00	\$	40.60	.171	\$	205.05	\$	6.94
VISITS - DIAGNOSTIC	10	35		544.00		15.54	.059		54.40		.92
ORAL SURGERY	8	22		1,107.00		50.32	.037		138.38		1.87

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		.00		.00	.000		.00		.00
ENDODONTICS ENDODONTICS	1	1		215.00		215.00	.002		215.00		.36
	1	19				55.16					
RESTORATIVE DENTISTRY	/	19		1,048.00			.032		149.71		1.77
PROSTHETICS	U	•		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	3	23		1,187.00		51.61	.039		395.67		2.01
SPACE MAINTAINERS	U	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	Ü	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			ES 1	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU I	DEC	2004	Ι	PAGE 9,018
MOP024	FEE-FOR-SERVICE	E/DENTAL									03/14/05
NEVADA COUNTY	SUMMARY OF SERV	VICES FOR IN HOME	SUI	PPORT - AGED		AID CODE					
							MC		'HLY AVERA	GE.	
591 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVEI	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1	3	\$	53.11	\$	17.70	.005	\$	53.11	\$	.09
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	1	3		53.11		17.70	.005		53.11		.09
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000	·	.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	8	6	\$	23.90	\$	3.98	.010	\$	2.99	\$	.04
MEDICINE/INJECTIONS	0	0	•	.00	·	.00	.000	•	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	8	6		23.90		3.98	.010		2.99		.04
@HOME HEALTH AGENCY	0	0	Ś	.00	\$	.00		Ś	.00	\$	.00
NURSE ANESTHESIST	0	0	Š	.00	Ś	.00	.000	Ś	.00	Ś	.00
NURSE MIDWIFE	0	0	Ś	.00	\$	.00		Ś	.00	Ś	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00	\$	.00		\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	2	2	¢	48.00	\$	24.00		\$	24.00	\$	.08
@TOTAL HOSPITAL	42	202	Ś	10,510.04	Š	52.03	.342	Ś	250.24	Ś	17.78
HOSP INPATIENT TOTAL	10	0	٧	7,088.71	٧	.00	.000	۲	708.87	Y	11.99
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	0	0				.00					
TRANSITIONAL IP CARE	0	0		.00			.000		.00		.00
ALL OTHER ACCOM	U	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	10	0		7,088.71		.00	.000		708.87		11.99
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	35	202		3,421.33		16.94	.342		97.75		5.79
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
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PATHOLOGY

RADIOLOGY

@COUNTY HOSPITAL TOTAL

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPINT

CO HOSPITAL INPATIENT TOTAL

ROOM USE

NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPEN	DITUR	ES MONT	'H-OF-PAYMENT RE	PORT	FOR JAN 2	2004 THRU	DEC	2004	P	AGE 9,019
MOP024	FEE-FOR-SERVICE/	DENTAL										03/14/05
NEVADA COUNTY	SUMMARY OF SERVI	CES FOR IN	HOME	SUPPOR	T - AGED		AID CODE	18				
										HLY AVERA		
591 ELIGIBLES	USERS	UNITS OF SE			EXPENDITURES		RAGE COST			COST PER		COST PER
		OR DAYS OF					UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	42	2	02	\$	10,510.04	\$	52.03	.342	\$	250.24	\$	17.78
COMM HOSP INPATIENT TOTAL	10		0		7 <b>,</b> 088.71		.00	.000		708.87		11.99
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	10		0		7,088.71		.00	.000		708.87		11.99
ALL OTHER INPATIENT	0	_	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	35	2	02		3,421.33		16.94	.342		97.75		5.79
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	U		0		.00		.00	.000		.00		.00
RADIOLOGY	U		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	35	2	02	<b>A</b>	3,421.33	<u> </u>	16.94	.342	<u>^</u>	97.75	<u>^</u>	5.79
@STATE HOSPITAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	2	0	<b>A</b>	.00	<u> </u>	.00	.000	<u>^</u>	.00	<u>^</u>	.00
@NURSING FACILITY	21	3	46	\$	60,015.24	\$	173.45	.585	\$	2857.87	\$	101.55
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	U		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00

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LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

ICF DDN/DDCN

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HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

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@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	4	\$	4.30	\$	1.08	.007	\$	2.15	\$	.01
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	2	4		4.30		1.08	.007		2.15		.01
@ORGANIZED OUTPATIENT CLINIC	16	33	\$	2,268.72	\$	68.75	.056	\$	141.80	\$	3.84
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	2		410.12		205.06	.003		410.12		.69
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	15	31		1,858.60		59.95	.052		123.91		3.14
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES N	MONTH-OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC	2004	PA	AGE 9,020
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SUI	PPORT - AGED		AID CODE	18				
							M	CNT	HLY AVERA	GE -	
591 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER	(	COST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY			USER	Ι	ELIGIBLE
@ALL OTHER PROVIDERS	155	3,386	\$	72,676.88	\$	21.46	5.729	\$		\$	122.97
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	1	1		25.00		25.00	.002		25.00		.04
MEDICAL TRANSPORTATION	3	14		93.93		6.71	.024		31.31		.16
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	2	6		66.22		11.04	.010		33.11		.11
OTHER SERVICES	1	8		27.71		3.46	.014		27.71		.05
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	75	938		65,266.04		69.58	1.587		870.21		110.43
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	3	14		636.02		45.43	.024		212.01		1.08
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	6	12		118.72		9.89	.020		19.79		.20
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00

1	2		1.72		.86	.003		1.72		.00
1	2		39.03		19.52	.003		39.03		.07
1	2		39.03		19.52	.003		39.03		.07
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0	0		.00		.00	.000		.00		.00
2	23		2,613.26		113.62	.039		1306.63		4.42
0	0		.00		.00	.000		.00		.00
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0	0		.00		.00	.000		.00		.00
76	2,380		3,883.16		1.63	4.027		51.09		6.57
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
172	2,781	\$	27,288.51	\$	9.81	4.706	\$	158.65	\$	46.17
	1 1 0 0 0 0 2 0 0 0 0 0 0 76 0	0 0	0 \$	1       2       39.03         1       2       39.03         0       0       .00         0       0       .00         0       0       .00         2       23       2,613.26         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         76       2,380       3,883.16         0       \$       .00	1 2 39.03 1 2 39.03 0 0 0 .00 0 0 .00 0 0 .00 2 23 23 2,613.26 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 76 2,380 3,883.16 0 \$ .00 \$	1       2       39.03       19.52         1       2       39.03       19.52         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         2       23       2,613.26       113.62         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00	1       2       39.03       19.52       .003         1       2       39.03       19.52       .003         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         2       23       2,613.26       113.62       .039         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0    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0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0<!--</td--><td>1       2       39.03       19.52       .003       39.03         1       2       39.03       19.52       .003       39.03         0       0       .00       .00       .000       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         2       23       2,613.26       113.62       .039       1306.63         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       <t< td=""><td>1       2       39.03       19.52       .003       39.03         1       2       39.03       19.52       .003       39.03         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         2       23       2,613.26       113.62       .039       1306.63         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       <td< td=""></td<></td></t<></td></td></t<>	1       2       39.03       19.52       .003         1       2       39.03       19.52       .003         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         2       23       2,613.26       113.62       .039         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0 </td <td>1       2       39.03       19.52       .003       39.03         1       2       39.03       19.52       .003       39.03         0       0       .00       .00       .000       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         2       23       2,613.26       113.62       .039       1306.63         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       <t< td=""><td>1       2       39.03       19.52       .003       39.03         1       2       39.03       19.52       .003       39.03         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         2       23       2,613.26       113.62       .039       1306.63         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       <td< td=""></td<></td></t<></td>	1       2       39.03       19.52       .003       39.03         1       2       39.03       19.52       .003       39.03         0       0       .00       .00       .000       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         2       23       2,613.26       113.62       .039       1306.63         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00 <t< td=""><td>1       2       39.03       19.52       .003       39.03         1       2       39.03       19.52       .003       39.03         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         2       23       2,613.26       113.62       .039       1306.63         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       <td< td=""></td<></td></t<>	1       2       39.03       19.52       .003       39.03         1       2       39.03       19.52       .003       39.03         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         2       23       2,613.26       113.62       .039       1306.63         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00 <td< td=""></td<>

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,021 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 NEVADA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

112 111211 0001111	001111111111111111111111111111111111111	0 _ 0 _ 0	~ ~	01(1 DE111D		1112 0022					
							MC	NTI	HLY AVERA	GE	
65 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	5 (	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	60	565	\$	70 <b>,</b> 549.76	\$	124.87		\$	1175.83		
@PHYSICIANS SERVICES	30	168	\$	1,570.78	\$	9.35	2.585	\$	52.36	\$	24.17
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	30	168		1,570.78		9.35	2.585		52.36		24.17
@PHARMACY	50	308	\$	47,739.46	\$	155.00	4.738	\$	954.79	\$	734.45
PRESCRIPTION DRUGS	50	302		47,521.08		157.35	4.646		950.42		731.09

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	50	302	47	,521.08	157.35	4.646	950.42	7	31.09
MEDICAL SUPPLIES	4	6		218.38	36.40	.092	54.60		3.36
@DENTIST	0	0 \$	\$	.00	\$ .00	.000	\$ .00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	S MONTH-OF-F	AYMENT REPO	ORT FOR JAN	2004 THRU	DEC 2004	PAGE	9,022
MOP024	FEE-FOR-SERVICE/DENTAL	ı						C	3/14/05

NEVADA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

----- MONTHLY AVERAGE -----65 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .00 \$ .00 .000 \$ @OPTOMETRIST 0 \$ .00 \$ .00 .00 .00 .000 .00 DIAGNOSTIC AND ANC. PROCED .00 .00 .00 EYE APPLIANCES .000 .00 .00 .00 .00 .00 OTHER OPTOMETRIC SERVICES .000 .00 \$ .00 .00 \$ @CHIROPRACTOR .000 \$ .00 VISITS 0 .00 .000 .00 .00 .00 OTHER SERVICES 0 .00 .000 .00 82.67 \$ 13.78 20.67 \$ @PODIATRIST .092 \$ .00 .00 .00 MEDICINE/INJECTIONS .00 .000 .00 .00 .00 SURGERY/ANES. .000 .00 0 .00 .00 RADIO./PATHOLOGY .00 .000 OTHER 6 82.67 13.78 .092 20.67 1.27 .00 \$ 0 .00 \$ @HOME HEALTH AGENCY .00 .000 \$ .00 NURSE ANESTHESIST 18 40.93 \$ 2.27 .277 \$ 40.93 \$ 0 .00 \$ .00 .000 \$ .00 \$ .00 NURSE MIDWIFE .00 \$ PEDIATRIC NURSE PRACTITIONER .00 .000 \$ .00 \$ .00 Ω 0 .00 FAMILY NURSE PRACTITIONER .00 \$ .000 \$ .00 \$ 10 7 7,504.87 \$ 1072.12 @TOTAL HOSPITAL .108 \$ 750.49 \$ 115.46 .00 HOSP INPATIENT TOTAL 3 7,227.00 .000 2409.00 111.18 .00 .00 HSC HOSPITALS .00 .000 .00 NON-HSC HOSPITAL TOTAL .00 .000 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 . 00 .00 ADMINISTRATIVE DAYS .00 .000 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 ANCILLARIES .00 .000 7,227.00 2409.00 INPATIENT CROSSOVERS .00 .000 111.18 .00 .00 .000 .00 ALL OTHER INPATIENT . 00 277.87 39.70 39.70 HOSP OUTPATIENT TOTAL .108 MEDICAL .00 .00 .00 .000 .00 .00 .00 .00 SURGERY .000 .00 PATHOLOGY .00 .00 .000 .00 .00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	7	7	277.87	39.70	.108	39.70	4.27
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DEG	2004	PAGE 9,023
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR	IN HOME S	JPPORT - BLIND	AID CODE	28		
					MON'	THLY AVERAG	E

					MC	ONTHLY AVERAG	;E:
USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COS'	T UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE				Y PER ELIG	USER	ELIGIBLE
10	7	\$	7,504.87	\$ 1072.12	.108	\$ 750.49	\$ 115.46
3	0		7,227.00	.00	.000	2409.00	111.18
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
3	0		7,227.00	.00	.000	2409.00	111.18
0	0		.00	.00	.000	.00	.00
7	7		277.87	39.70	.108	39.70	4.27
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
7	7		277.87	39.70	.108	39.70	4.27
0	0	\$	.00	\$ .00		\$ .00	•
0	0		.00	.00		.00	.00
0	0		.00	.00		.00	.00
2	4	\$	-	•			•
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
2	4		1,772.20	443.05	.062	886.10	27.26
0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
		OR DAYS OF CARE	OR DAYS OF CARE	OR DAYS OF CARE  10	OR DAYS OF CARE  10 7 \$ 7,504.87 \$ 1072.12 3 0 7,227.00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .0	USERS UNITS OF SERVICE OR DAYS OF CARE  10 7 \$ 7,504.87 \$ 1072.12 .108 3 0 7,227.00 .00 .000 0 0 .00 .00 .00 .000 0 0 .00 .0	OR DAYS OF CARE

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	17	26	\$	10,369.34	\$	398.82	.400	\$	609.96	\$	159.53
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	17	26		10,369.34		398.82	.400		609.96		159.53
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	5	5	\$	1,080.00	\$	216.00	.077	\$	216.00	\$	16.62
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	5	5		1,080.00		216.00	.077		216.00		16.62
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUF	RES MONTH-	OF-PAYMENT I	REPORT	FOR JAN 2004	THRU	DEC	2004	P7	AGE 9,024
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT	- BLIND		AID CODE 28					
										~-	

NEVADA COUNTY	SUMMARY OF SERV	ICES FOR IN HOM	E SU	JPPORT	- BLIND		AID CODE	28				
								MO	HTNC	LY AVERA	GE ·	
65 ELIGIBLES	USERS	UNITS OF SERVICE	E	E	XPENDITURES	AVE	RAGE COST	UNITS/DAYS	s C	OST PER	(	COST PER
		OR DAYS OF CAR	E			PER	UNIT/DAY	PER ELIG		USER	]	ELIGIBLE
@ALL OTHER PROVIDERS	10	23	\$		389.51	\$	16.94	.354	\$	38.95	\$	5.99
DURABLE MED. EQUIP.	1	1			98.79		98.79	.015		98.79		1.52
BLOOD BANK	0	0			.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0			.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	1	2			18.95		9.48	.031		18.95		.29
AMBULANCES/AIR TRANS	0	0			.00		.00	.000		.00		.00
OTHER TRANS	1	2			18.95		9.48	.031		18.95		.29
OTHER SERVICES	0	0			.00		.00	.000		.00		.00
ACUPUNCTURE	0	0			.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0			.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0			.00		.00	.000		.00		.00
OPTICIAN	0	0			.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0			.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0			.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	1	1			99.32		99.32	.015		99.32		1.53
PROSTHETICS	1	1			99.32		99.32	.015		99.32		1.53
ORTHOTICS	0	0			.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0			.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0	0			.00		.00	.000		.00		.00
HOSPICE SERVICES	0	0			.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0			.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0			.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0			.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0			.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	9	19			172.45		9.08	.292		19.16		2.65
@CALIF. CHILDREN SERVICES*	0	0	\$		.00	\$	.00	.000		.00		.00
@XOVER EXCLUDING STATE HOSP**		248	\$		21,085.86	\$	85.02	3.815	\$	569.89	\$	324.40

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,025 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

MOE 024	LEE LOW SEKATO	E/DENIAL							03/14/03
NEVADA COUNTY	SUMMARY OF SER	VICES FOR IN HOME	SUPP	ORT - DISABLED	AID CODE	68			
						MON	THLY AVERA	ιGΕ	
364 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	323	35,174	\$	398,988.36	\$ 11.34	96.632 \$	1235.26	\$	1096.12
@PHYSICIANS SERVICES	61	221	\$	6,073.21	\$ 27.48	.607 \$	99.56	\$	16.68
OUTPATIENT VISITS	13	18		705.20	39.18	.049	54.25		1.94
OFFICE VISITS	7	12		408.43	34.04	.033	58.35		1.12
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	4	4		181.30	45.33	.011	45.33		.50
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	2	2		115.47	57.74	.005	57.74		.32
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	2	2		77.56	38.78	.005	38.78		.21
EXAMINATIONS	2	2		77.56	38.78	.005	38.78		.21
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	2	2		8.56	4.28	.005	4.28		.02

RADIOLOGY	4	4		102.15		25.54	.011		25.54		.28
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	49	195		5,179.74		26.56	.536		105.71		14.23
@PHARMACY	280	25,596	\$	202,948.01	\$	7.93	70.319	\$	724.81	\$	557.55
PRESCRIPTION DRUGS	274	1,866		197,130.81		105.64	5.126		719.46		541.57
SNF/ICF	2	14		561.61		40.12	.038		280.81		1.54
OUTPATIENTS	272	1,852		196,569.20		106.14	5.088		722.68		540.03
MEDICAL SUPPLIES	41	23,730		5,817.20		.25	65.192		141.88		15.98
@DENTIST	17	94	\$	4,787.00	\$	50.93	.258	\$	281.59	\$	13.15
VISITS - DIAGNOSTIC	11	42		469.00		11.17	.115		42.64		1.29
ORAL SURGERY	2	27		1,830.00		67.78	.074		915.00		5.03
DRUGS	1	1		25.00		25.00	.003		25.00		.07
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		118.00		118.00	.003		118.00		.32
ENDODONTICS	1	1		330.00		330.00	.003		330.00		.91
RESTORATIVE DENTISTRY	7	15		873.00		58.20	.041		124.71		2.40
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	7		1,142.00		163.14	.019		571.00		3.14
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDIT	URES MONTH	-OF-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	PF	AGE 9,026
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR	IN HO	ME SUPPORT	' - DISABLED		AID COD	E 68				

NEVADA COUNTI	DOMINANT OF DELIVE	TCES FOR	TIA HOUR	DOLLOKI	טבטמטבט		AID CODE	00				
								MC	TNC	HLY AVERA	GΕ	
364 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS	OF CARE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	6		18	\$	334.54	\$	18.59	.049	\$	55.76	\$	.92
DIAGNOSTIC AND ANC. PROCED	1		1		47.45		47.45	.003		47.45		.13
EYE APPLIANCES	6		17		287.09		16.89	.047		47.85		.79
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	1		1	\$	34.22	\$	34.22	.003	\$	34.22	\$	.09
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	53		393	\$	12,958.88	\$	32.97	1.080	\$	244.51	\$	35.60
HOSP INPATIENT TOTAL	7		4		6,643.74		1660.94	.011		949.11		18.25
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1		4		1,521.05		380.26	.011		1521.05		4.18
ACCOMMODATIONS	1		4		8,127.36		2031.84	.011		8127.36		22.33
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1		4		8,127.36		2031.84	.011		8127.36		22.33
ANCILLARIES	1		0		6,606.31CF	2	.00	.000		6606.31C	R	18.15CR

INPATIENT CROSSOVERS	6	0	5,122.69	.00	.000	853.78	14.07
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	47	389	6,315.14	16.23	1.069	134.36	17.35
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	10	72	738.30	10.25	.198	73.83	2.03
RADIOLOGY	2	2	59.77	29.89	.005	29.89	.16
ROOM USE	6	6	201.55	33.59	.016	33.59	.55
CROSSOVERS/ALL OTH OUTPTNT	38	309	5,315.52	17.20	.849	139.88	14.60
@COUNTY HOSPITAL TOTAL	0	0 \$		\$ .00	.000 \$		
	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0				.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.000		
ACCOMMODATIONS	0	U	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	U	Ü	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	U	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	U	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITURES	S MONTH-OF-PAYMENT RI	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 9,027
MODOOA	DDD DOD ODDIZEOD/I	NO ATOM A T					02/11/05
MOP024	FEE-FOR-SERVICE/	DENTAL					03/14/05
MOPU24 NEVADA COUNTY			SUPPORT - DISABLED	AID CODE			
NEVADA COUNTY	SUMMARY OF SERVIO	CES FOR IN HOME S			MON'		E
	SUMMARY OF SERVI	CES FOR IN HOME S JNITS OF SERVICE	SUPPORT - DISABLED  EXPENDITURES	AVERAGE COST	MON' UNITS/DAYS	COST PER	GE COST PER
NEVADA COUNTY  364 ELIGIBLES	SUMMARY OF SERVICE USERS	CES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MON' UNITS/DAYS PER ELIG	COST PER USER	GE COST PER ELIGIBLE
NEVADA COUNTY  364 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERVICE USERS USERS 53	CES FOR IN HOME SUPPLY OF SERVICE OR DAYS OF CARE 393	EXPENDITURES 12,958.88	AVERAGE COST PER UNIT/DAY \$ 32.97	MON' UNITS/DAYS PER ELIG 1.080 \$	COST PER USER 244.51	GE COST PER ELIGIBLE \$ 35.60
NEVADA COUNTY  364 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERVICE USERS	CES FOR IN HOME SUBJECT OF SERVICE OR DAYS OF CARE 393 S	EXPENDITURES 12,958.88 6,643.74	AVERAGE COST PER UNIT/DAY \$ 32.97 1660.94	MON' UNITS/DAYS PER ELIG 1.080 \$ .011	COST PER USER 244.51 949.11	COST PER ELIGIBLE \$ 35.60 18.25
NEVADA COUNTY  364 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERVICE USERS USERS 53	CES FOR IN HOME SUPPLY OF SERVICE OR DAYS OF CARE 393	EXPENDITURES 12,958.88 6,643.74	AVERAGE COST PER UNIT/DAY \$ 32.97 1660.94 .00	MON' UNITS/DAYS PER ELIG 1.080 \$ .011 .000	COST PER USER 244.51 949.11 .00	COST PER ELIGIBLE \$ 35.60 18.25
NEVADA COUNTY  364 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERVICE USERS USERS 53	CES FOR IN HOME SUBJECT OF SERVICE OR DAYS OF CARE 393 S	EXPENDITURES  12,958.88 6,643.74 .00 1,521.05	AVERAGE COST PER UNIT/DAY \$ 32.97 1660.94 .00 380.26	MON' UNITS/DAYS PER ELIG 1.080 \$ .011 .000 .011	COST PER USER 244.51 949.11 .00 1521.05	COST PER ELIGIBLE \$ 35.60 18.25 .00 4.18
NEVADA COUNTY  364 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERVICE USERS USERS 53	CES FOR IN HOME SUBJECT OF SERVICE OR DAYS OF CARE 393 S	EXPENDITURES  12,958.88 6,643.74 .00 1,521.05 8,127.36	AVERAGE COST PER UNIT/DAY \$ 32.97 1660.94 .00 380.26 2031.84	MON' UNITS/DAYS PER ELIG 1.080 \$ .011 .000 .011 .011	COST PER USER 244.51 949.11 .00 1521.05 8127.36	COST PER ELIGIBLE \$ 35.60 18.25 .00 4.18 22.33
NEVADA COUNTY  364 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERVICE USERS USERS 53	CES FOR IN HOME SUBJECT OR DAYS OF CARE 393 Subject of 4 4 4 0 0 subject of the following subjec	EXPENDITURES  12,958.88 6,643.74 .00 1,521.05 8,127.36 .00	AVERAGE COST PER UNIT/DAY \$ 32.97 1660.94 .00 380.26 2031.84 .00	MON' UNITS/DAYS PER ELIG 1.080 \$ .011 .000 .011 .011 .000	COST PER USER 244.51 949.11 .00 1521.05 8127.36 .00	COST PER ELIGIBLE \$ 35.60 18.25 .00 4.18 22.33 .00
NEVADA COUNTY  364 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERVICE USERS USERS 53	CES FOR IN HOME SUBJECT OF SERVICE OR DAYS OF CARE 393 S	EXPENDITURES  12,958.88 6,643.74 .00 1,521.05 8,127.36 .00 .00	AVERAGE COST PER UNIT/DAY \$ 32.97 1660.94 .00 380.26 2031.84 .00 .00	MON' UNITS/DAYS PER ELIG 1.080 \$ .011 .000 .011 .011 .000 .000	COST PER USER 244.51 949.11 .00 1521.05 8127.36 .00 .00	COST PER ELIGIBLE \$ 35.60 18.25 .00 4.18 22.33 .00
NEVADA COUNTY  364 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERVICE USERS USERS 53	CES FOR IN HOME SUBJECT OR DAYS OF CARE 393 SERVICE 00 4 4 4 0 0 0 4 4	EXPENDITURES  12,958.88 6,643.74 .00 1,521.05 8,127.36 .00 .00 8,127.36	AVERAGE COST PER UNIT/DAY \$ 32.97 1660.94 .00 380.26 2031.84 .00 .00 2031.84	MON' UNITS/DAYS PER ELIG 1.080 \$ .011 .000 .011 .011 .000 .000 .011	COST PER USER 244.51 949.11 .00 1521.05 8127.36 .00 .00 8127.36	COST PER ELIGIBLE \$ 35.60 18.25 .00 4.18 22.33 .00 .00 22.33
NEVADA COUNTY  364 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERVICE USERS USERS 53	CES FOR IN HOME SUBJECT OF SERVICE OR DAYS OF CARE 393 S 4 0 4 4 0 0 0 0 4 4 0 0 0 0 4 0 0 0 0 0	EXPENDITURES  12,958.88 6,643.74 .00 1,521.05 8,127.36 .00 .00 8,127.36 6,606.31C	AVERAGE COST PER UNIT/DAY \$ 32.97 1660.94 .00 380.26 2031.84 .00 .00 2031.84 R	MON' UNITS/DAYS PER ELIG 1.080 \$ .011 .000 .011 .011 .000 .000 .011 .000	COST PER USER 244.51 949.11 .00 1521.05 8127.36 .00 .00 8127.36 6606.31CR	COST PER ELIGIBLE \$ 35.60 18.25 .00 4.18 22.33 .00 .00 22.33
NEVADA COUNTY  364 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERVICE USERS USERS 53	CES FOR IN HOME SUPPLY STATES OF CARE SERVICE OR DAYS OF CARE 393 4 0 0 4 4 0 0 0 0 4 0 0 0 0 0 0 0 0 0	EXPENDITURES  12,958.88 6,643.74 .00 1,521.05 8,127.36 .00 .00 8,127.36 6,606.31C1 5,122.69	AVERAGE COST PER UNIT/DAY \$ 32.97 1660.94 .00 380.26 2031.84 .00 .00 2031.84 R .00 .00	MON' UNITS/DAYS PER ELIG 1.080 \$ .011 .000 .011 .011 .000 .000 .011 .000	COST PER USER 244.51 949.11 .00 1521.05 8127.36 .00 .00 8127.36 6606.31CR 853.78	COST PER ELIGIBLE \$ 35.60 18.25 .00 4.18 22.33 .00 .00 22.33 8 18.15CR 14.07
NEVADA COUNTY  364 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERVICE  USERS	CES FOR IN HOME SUBJECT OF SERVICE OR DAYS OF CARE 393 4 0 4 4 0 0 4 4 4 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  12,958.88 6,643.74 .00 1,521.05 8,127.36 .00 .00 8,127.36 6,606.31CI 5,122.69 .00	AVERAGE COST PER UNIT/DAY \$ 32.97 1660.94 .00 380.26 2031.84 .00 .00 2031.84 R	MON' UNITS/DAYS PER ELIG 1.080 \$ .011 .000 .011 .011 .000 .000 .011 .000 .000	COST PER USER 244.51 949.11 .00 1521.05 8127.36 .00 .00 8127.36 6606.31CR 853.78 .00	COST PER ELIGIBLE \$ 35.60 18.25 .00 4.18 22.33 .00 .00 22.33 8 18.15CR 14.07 .00
NEVADA COUNTY  364 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERVICE  USERS USER	CES FOR IN HOME SUBJECT OF SERVICE OR DAYS OF CARE 393 4 0 0 4 4 0 0 0 0 0 0 0 0 0 389	EXPENDITURES  12,958.88 6,643.74 .00 1,521.05 8,127.36 .00 .00 8,127.36 6,606.31CI 5,122.69 .00 6,315.14	AVERAGE COST PER UNIT/DAY \$ 32.97 1660.94 .00 380.26 2031.84 .00 .00 2031.84 R .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG 1.080 \$ .011 .000 .011 .011 .000 .000 .011 .000 .000 .011	COST PER USER 244.51 949.11 .00 1521.05 8127.36 .00 .00 8127.36 6606.31CR 853.78	COST PER ELIGIBLE \$ 35.60 18.25 .00 4.18 22.33 .00 .00 22.33 8 18.15CR 14.07 .00 17.35
NEVADA COUNTY  364 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERVICE  USERS USER	CES FOR IN HOME SUBJECT OF SERVICE OR DAYS OF CARE 393 4 0 0 4 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  12,958.88 6,643.74 .00 1,521.05 8,127.36 .00 .00 8,127.36 6,606.31CI 5,122.69 .00	AVERAGE COST PER UNIT/DAY \$ 32.97 1660.94 .00 380.26 2031.84 .00 .00 2031.84 R	MON' UNITS/DAYS PER ELIG 1.080 \$ .011 .000 .011 .011 .000 .000 .011 .000 .000	COST PER USER 244.51 949.11 .00 1521.05 8127.36 .00 .00 8127.36 6606.31CR 853.78 .00	COST PER ELIGIBLE \$ 35.60 18.25 .00 4.18 22.33 .00 .00 22.33 8 18.15CR 14.07 .00
NEVADA COUNTY  364 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERVICE  USERS USER	CES FOR IN HOME SUBJECT OF SERVICE OR DAYS OF CARE 393 4 0 0 4 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  12,958.88 6,643.74 .00 1,521.05 8,127.36 .00 .00 8,127.36 6,606.31CI 5,122.69 .00 6,315.14	AVERAGE COST PER UNIT/DAY \$ 32.97 1660.94 .00 380.26 2031.84 .00 .00 2031.84 R .00 .00 .00 .00 .00 .00 .00 .00 .00 .	MON' UNITS/DAYS PER ELIG 1.080 \$ .011 .000 .011 .011 .000 .000 .011 .000 .000 .011	COST PER USER 244.51 949.11 .00 1521.05 8127.36 .00 .00 8127.36 6606.31CR 853.78 .00 134.36	COST PER ELIGIBLE \$ 35.60 18.25 .00 4.18 22.33 .00 .00 22.33 8 18.15CR 14.07 .00 17.35
NEVADA COUNTY  364 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERVICE  USERS USER	CES FOR IN HOME SUBJECT OF SERVICE OR DAYS OF CARE 393 4 0 0 4 4 4 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  12,958.88 6,643.74 .00 1,521.05 8,127.36 .00 .00 8,127.36 6,606.31C1 5,122.69 .00 6,315.14 .00 .00 738.30	AVERAGE COST PER UNIT/DAY \$ 32.97 1660.94 .00 380.26 2031.84 .00 .00 2031.84 .00 .00 16.23 .00 .00 10.25	MON' UNITS/DAYS PER ELIG 1.080 \$ .011 .000 .011 .011 .000 .000 .011 .000 .000 .011 .000 .000 .000 .000 .000	COST PER USER 244.51 949.11 .00 1521.05 8127.36 .00 .00 8127.36 6606.31CR 853.78 .00 134.36 .00 .00 73.83	GE  COST PER ELIGIBLE \$ 35.60  18.25 .00 4.18 22.33 .00 .00 22.33 R 18.15CR 14.07 .00 17.35 .00 .00 2.03
NEVADA COUNTY  364 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERVICE  USERS USER	CES FOR IN HOME S  JNITS OF SERVICE OR DAYS OF CARE 393 4 0 4 0 4 4 0 0 0 0 389 0 0 72 2	EXPENDITURES  12,958.88 6,643.74 .00 1,521.05 8,127.36 .00 .00 8,127.36 6,606.31C1 5,122.69 .00 6,315.14 .00 .00 738.30 59.77	AVERAGE COST PER UNIT/DAY \$ 32.97 1660.94 .00 380.26 2031.84 .00 .00 2031.84 .00 .00 16.23 .00 .00 10.25 29.89	MON' UNITS/DAYS PER ELIG 1.080 \$ .011 .000 .011 .011 .000 .000 .011 .000 .000 .011 .000 .000 .000	COST PER USER 244.51 949.11 .00 1521.05 8127.36 .00 .00 8127.36 6606.31CF 853.78 .00 134.36 .00 .00 73.83 29.89	GE  COST PER ELIGIBLE \$ 35.60  18.25 .00 4.18 22.33 .00 .00 22.33 18.15CR 14.07 .00 17.35 .00 .00 2.03 .16
NEVADA COUNTY  364 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERVICE  USERS USER	CES FOR IN HOME SUBJECT OF SERVICE OR DAYS OF CARE 393 4 0 0 4 4 4 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  12,958.88 6,643.74 .00 1,521.05 8,127.36 .00 .00 8,127.36 6,666.31C1 5,122.69 .00 6,315.14 .00 .00 738.30 59.77 201.55	AVERAGE COST PER UNIT/DAY \$ 32.97 1660.94 .00 380.26 2031.84 .00 .00 2031.84 R .00 .00 .00 16.23 .00 .00 10.25 29.89 33.59	MON' UNITS/DAYS PER ELIG 1.080 \$ .011 .000 .011 .011 .000 .000 .011 .000 .000 .011 .000 .000 .011 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000	COST PER USER 244.51 949.11 .00 1521.05 8127.36 .00 .00 8127.36 6606.31CF 853.78 .00 134.36 .00 .00 73.83 29.89 33.59	GE  COST PER ELIGIBLE \$ 35.60  18.25 .00 4.18 22.33 .00 .00 22.33 18.15CR 14.07 .00 17.35 .00 .00 2.03 .16 .55
NEVADA COUNTY  364 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERVICE  USERS USER	CES FOR IN HOME S  JNITS OF SERVICE OR DAYS OF CARE 393 4 0 4 0 4 4 0 0 0 0 389 0 0 72 2	EXPENDITURES  12,958.88 6,643.74 .00 1,521.05 8,127.36 .00 .00 8,127.36 6,606.31CI 5,122.69 .00 6,315.14 .00 .00 738.30 .59.77 .201.55 5,315.52	AVERAGE COST PER UNIT/DAY \$ 32.97 1660.94 .00 380.26 2031.84 .00 .00 2031.84 R .00 .00 16.23 .00 .00 10.25 29.89 33.59 17.20	MON' UNITS/DAYS PER ELIG 1.080 \$ .011 .000 .011 .011 .000 .000 .011 .000 .000 .011 .000 .000 .000 .000 .000 .000	COST PER USER 244.51 949.11 .00 1521.05 8127.36 .00 .00 8127.36 6606.31CR 853.78 .00 134.36 .00 .00 73.83 29.89 33.59 139.88	GE  COST PER ELIGIBLE \$ 35.60  18.25 .00 4.18 22.33 .00 .00 22.33 18.15CR 14.07 .00 17.35 .00 .00 2.03 .16 .55 14.60
NEVADA COUNTY  364 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERVICE  USERS	CES FOR IN HOME S  JNITS OF SERVICE OR DAYS OF CARE 393 4 0 4 0 0 4 4 4 0 0 0 389 0 0 72 2 6	EXPENDITURES  12,958.88 6,643.74 .00 1,521.05 8,127.36 .00 .00 8,127.36 6,606.31CI 5,122.69 .00 6,315.14 .00 .00 738.30 .59.77 .201.55 5,315.52 .00	AVERAGE COST PER UNIT/DAY \$ 32.97 1660.94 .00 380.26 2031.84 .00 .00 2031.84 R .00 .00 .00 16.23 .00 .00 10.25 29.89 33.59 17.20 \$ .00	MON' UNITS/DAYS PER ELIG 1.080 \$ .011 .000 .011 .011 .000 .000 .011 .000 .000 .011 .000 .000 .011 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000	COST PER USER 244.51 949.11 .00 1521.05 8127.36 .00 .00 8127.36 6606.31CR 853.78 .00 134.36 .00 .00 73.83 29.89 33.59 139.88 .00	GE  COST PER ELIGIBLE \$ 35.60  18.25 .00 4.18 22.33 .00 .00 22.33 18.15CR 14.07 .00 17.35 .00 .00 2.03 .16 .55 14.60 \$ .00
NEVADA COUNTY  364 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERVICE  USERS USER	CES FOR IN HOME S  JNITS OF SERVICE OR DAYS OF CARE 393 4 0 4 0 4 4 0 0 0 389 0 0 72 2 6 309	EXPENDITURES  12,958.88 6,643.74 .00 1,521.05 8,127.36 .00 .00 8,127.36 6,606.31CI 5,122.69 .00 6,315.14 .00 .00 738.30 .59.77 .201.55 5,315.52 .00 .00	AVERAGE COST PER UNIT/DAY \$ 32.97 1660.94 .00 380.26 2031.84 .00 .00 2031.84 R .00 .00 16.23 .00 .00 10.25 29.89 33.59 17.20	MON' UNITS/DAYS PER ELIG 1.080 \$ .011 .000 .011 .011 .000 .000 .011 .000 .0	COST PER USER 244.51 949.11 .00 1521.05 8127.36 .00 .00 8127.36 6606.31CR 853.78 .00 .00 134.36 .00 .00 73.83 29.89 33.59 139.88 .00 .00	COST PER ELIGIBLE \$ 35.60   18.25   .00   4.18   22.33   .00   .00   22.33   18.15CR   14.07   .00   17.35   .00   .00   2.03   .16   .55   14.60   \$ .00   .00
NEVADA COUNTY  364 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERVICE  USERS	CES FOR IN HOME S  JNITS OF SERVICE OR DAYS OF CARE 393 4 0 4 0 4 4 0 0 0 389 0 72 2 6 309 0 5	EXPENDITURES  12,958.88 6,643.74 .00 1,521.05 8,127.36 .00 .00 8,127.36 6,606.31CI 5,122.69 .00 6,315.14 .00 .00 738.30 .59.77 .201.55 5,315.52 .00	AVERAGE COST PER UNIT/DAY \$ 32.97 1660.94 .00 380.26 2031.84 .00 .00 2031.84 R .00 .00 .00 16.23 .00 .00 10.25 29.89 33.59 17.20 \$ .00	MON' UNITS/DAYS PER ELIG 1.080 \$ .011 .000 .011 .011 .000 .000 .011 .000 .000 .011 .000 .000 .000 .011 .000 .0	COST PER USER 244.51 949.11 .00 1521.05 8127.36 .00 .00 8127.36 6606.31CR 853.78 .00 134.36 .00 .00 73.83 29.89 33.59 139.88 .00	GE  COST PER ELIGIBLE \$ 35.60  18.25 .00 4.18 22.33 .00 .00 22.33 18.15CR 14.07 .00 17.35 .00 .00 2.03 .16 .55 14.60 \$ .00
NEVADA COUNTY  364 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERVICE  USERS	CES FOR IN HOME S  UNITS OF SERVICE OR DAYS OF CARE 393 4 0 4 0 4 4 0 0 0 0 389 0 72 2 6 309 0 0 5	EXPENDITURES  12,958.88 6,643.74 .00 1,521.05 8,127.36 .00 .00 8,127.36 6,606.31CI 5,122.69 .00 6,315.14 .00 .00 738.30 .59.77 .201.55 5,315.52 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 32.97 1660.94 .00 380.26 2031.84 .00 .00 2031.84 R .00 .00 16.23 .00 .00 16.23 .00 .00 17.25 29.89 33.59 17.20 \$ .00 .00 .00 \$ .00	MON' UNITS/DAYS PER ELIG 1.080 \$ .011 .000 .011 .011 .000 .000 .011 .000 .0	COST PER USER 244.51 949.11 .00 1521.05 8127.36 .00 .00 8127.36 6606.31CR 853.78 .00 .00 134.36 .00 .00 73.83 29.89 33.59 139.88 .00 .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$ 35.60   18.25   .00   4.18   22.33   .00   .00   22.33   18.15CR   14.07   .00   17.35   .00   .00   2.03   .16   .55   14.60   \$ .00   .00   \$ .00   \$ .00   \$ .00   \$ .00   \$ .00   \$ .00   \$ .00   \$ .00   \$ .00   \$ .00   .00
NEVADA COUNTY  364 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERVICE  USERS	CES FOR IN HOME S  JNITS OF SERVICE OR DAYS OF CARE 393 4 0 4 0 4 4 0 0 0 389 0 72 2 6 309 0 0 0 0	EXPENDITURES  12,958.88 6,643.74 .00 1,521.05 8,127.36 .00 .00 8,127.36 6,606.31CI 5,122.69 .00 6,315.14 .00 .00 738.30 .59.77 .201.55 5,315.52 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 32.97 1660.94 .00 380.26 2031.84 .00 .00 2031.84 R .00 .00 16.23 .00 .00 10.25 29.89 33.59 17.20 \$ .00 .00 .00	MON' UNITS/DAYS PER ELIG 1.080 \$ .011 .000 .011 .011 .000 .000 .011 .000 .000 .000 .000 .000 .000 1.069 .000 .000 .198 .005 .016 .849 .000 .000 .000	COST PER USER 244.51 949.11 .00 1521.05 8127.36 .00 .00 8127.36 6606.31CR 853.78 .00 .00 134.36 .00 .00 73.83 29.89 33.59 139.88 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$ 35.60   18.25   .00   4.18   22.33   .00   .00   22.33   18.15CR   14.07   .00   17.35   .00   .00   2.03   .16   .55   14.60   \$ .00   .00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	3	6	\$	2,868.15	\$	478.03	.016	\$	956.05	\$	7.88
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	3	6		2,868.15		478.03	.016		956.05		7.88
@REHABILITATION FACILITY	1	17	\$	274.25	\$	16.13	.047	\$	274.25	\$	.75
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	1	17		274.25		16.13	.047		274.25		.75
@LABORATORY FACILITY	1	3	\$	38.85	\$	12.95	.008	\$	38.85	\$	.11
PATHOLOGY	1	3		38.85		12.95	.008		38.85		.11
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	13	18	\$	2,950.37	\$	163.91	.049	\$	226.95	\$	8.11
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	13	18		2,950.37		163.91	.049		226.95		8.11
#CALIF DEPT OF HEALTH SERV		-	RES :	MONTH-OF-PAYMENT RE	EPORI	FOR JAN 2	2004 THRU	DEC	2004	P.	AGE 9,028
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR IN HOM	E SU	PPORT - DISABLED		AID CODE	68				
							M	ONTE	HLY AVERA	.GE	
364 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S (	COST PER	(	COST PER
		OR DAYS OF CAR	Ξ		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	77	8,807	\$	165,720.88	\$	18.82	24.195	\$	2152.22	\$	455.28

364 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	77	8,807 \$	165,720.88	\$ 18.82	24.195	2152.22	\$ 455.28
DURABLE MED. EQUIP.	3	6	3,977.50	662.92	.016	1325.83	10.93
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	23	185.26	8.05	.063	92.63	.51
AMBULANCES/AIR TRANS	2	23	185.26	8.05	.063	92.63	.51
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	20	6 <b>,</b> 787	158,356.88	23.33	18.646	7917.84	435.05
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	10	22	240.92	10.95	.060	24.09	.66
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	34	3,115.24	91.62	.093	1557.62	8.56
PROSTHETICS	2	34	3,115.24	91.62	.093	1557.62	8.56
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	48.06	.00	.000	.00	.13
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9	263	1,576.96	6.00	.723	175.22	4.33
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	34	1,672	1,779.94CR	1.06CR	4.593	52.35CR	4.89CR
@CALIF. CHILDREN SERVICES*	16	640	\$ 11,148.86 \$	17.42	1.758 \$	696.80 \$	30.63
@XOVER EXCLUDING STATE HOSP**	106	6,039	\$ 15,660.02 \$	2.59	16.591 \$	147.74 \$	43.02

0\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,029
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

					MONT	HLY AVERAG	E
1,020 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	948	48,431 \$	778,085.32	\$ 16.07	47.481 \$	820.77	\$ 762.83
@PHYSICIANS SERVICES	153	523 \$	9,520.78	\$ 18.20	.513 \$	62.23	\$ 9.33
OUTPATIENT VISITS	13	18	705.20	39.18	.018	54.25	.69
OFFICE VISITS	7	12	408.43	34.04	.012	58.35	.40
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	181.30	45.33	.004	45.33	.18
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	115.47	57.74	.002	57.74	.11
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	77.56	38.78	.002	38.78	.08
EXAMINATIONS	2	2	77.56	38.78	.002	38.78	.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	3	15.02	5.01	.003	5.01	.01
RADIOLOGY	4	4	102.15	25.54	.004	25.54	.10
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	140	496	8,620.85	17.38	.486	61.58	8.45
@PHARMACY	778	34,379 \$	407,656.69	\$ 11.86	33.705 \$	523.98	\$ 399.66
PRESCRIPTION DRUGS	762	4,144	396,664.84	95.72	4.063	520.56	388.89
SNF/ICF	13	106	4,734.95	44.67	.104	364.23	4.64
OUTPATIENTS	752	4,038	391,929.89	97.06	3.959	521.18	384.24
MEDICAL SUPPLIES	95	30,235	10,991.85	.36	29.642	115.70	10.78
@DENTIST	37	195 \$	8,888.00	\$ 45.58	.191 \$	240.22	\$ 8.71
VISITS - DIAGNOSTIC	21	77	1,013.00	13.16	.075	48.24	.99
ORAL SURGERY	10	49	2,937.00	59.94	.048	293.70	2.88
DRUGS	1	1	25.00	25.00	.001	25.00	.02
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	118.00	59.00	.002	59.00	.12
ENDODONTICS	2	2	545.00	272.50	.002	272.50	.53
RESTORATIVE DENTISTRY	14	34	1,921.00	56.50	.033	137.21	1.88
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	5	30	2,329.00	77.63	.029	465.80	2.28
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES MO	NTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DE	C 2004	PAGE 9,030
MOP024	FEE-FOR-SERVICE/DEN	ΓAL					03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES	FOR IN HOME SUPP	ORT - TOTAL				
					MON	THIV AVERAG	F

						M	ON	THLY AVERA	GΕ	
USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
	OR DAYS OF CARE	1		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
7	21	\$	387.65	\$	18.46	.021	\$	55.38	\$	.38
1	1		47.45		47.45	.001		47.45		.05
7	20		340.20		17.01	.020		48.60		.33
0	0		.00		.00	.000		.00		.00
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
12	12	\$	106.57	\$	8.88	.012	\$	8.88	\$	.10
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
12	12		106.57		8.88	.012		8.88		.10
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
1	18	\$	40.93	\$	2.27	.018	\$	40.93	\$	.04
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
1	1	\$	34.22	\$	34.22	.001	\$	34.22	\$	.03
2	2	\$	48.00	\$	24.00	.002	\$	24.00	\$	.05
105	602	\$	30,973.79	\$	51.45	.590	\$	294.99	\$	30.37
20	4		20,959.45		5239.86	.004		1047.97		20.55
0	0		.00		.00	.000		.00		.00
	7 1 7 0 0 0 0 12 0 12 0 1 1 0 1 2 105	OR DAYS OF CARE 7 21 1 1 1 7 20 0 0 0 0 0 0 0 0 0 0 0 12 12 0 0 0 0 0 0 12 12 0 0 11 18 0 0 1 18 0 0 1 12 2 12 12 15 602	OR DAYS OF CARE  7	OR DAYS OF CARE  7	OR DAYS OF CARE  7	OR DAYS OF CARE         PER UNIT/DAY           7         21 \$ 387.65 \$ 18.46           1         1 47.45 47.45           7         20 340.20 17.01           0         0 .00 .00           0         0 .00 \$ .00           0         0 .00 \$ .00           0         0 .00 \$ .00           12         12 \$ 106.57 \$ 8.88           0         0 .00 .00           0         0 .00 .00           12         12 12 \$ 106.57 \$ 8.88           0         0 .00 .00           12         12 12 \$ 106.57 \$ 8.88           0         0 \$ .00 \$ .00           12         12 \$ 106.57 \$ 8.88           0         0 \$ .00 \$ .00           12         12 \$ 106.57 \$ 8.88           0         0 \$ .00 \$ .00           1         18 \$ 40.93 \$ 2.27           0         0 \$ .00 \$ .00           1         1 \$ 34.22 \$ 34.22           2         2 \$ 48.00 \$ 24.00           105         602 \$ 30,973.79 \$ 51.45           20         4 20,959.45 5239.86	USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES         AVERAGE COST UNITS/DAY PER UNIT/DAY         PER ELIG PER UNIT/DAY           7         21         \$ 387.65         \$ 18.46         .021           1         1         47.45         47.45         .001           7         20         340.20         17.01         .020           0         0         .00         .00         .00         .000           0         0         .00         .00         .000         .000           0         0         .00         .00         .000         .000           0         0         .00         .00         .00         .000           12         12         \$ 106.57         \$ 8.88         .012           0         0         .00         .00         .00         .000           12         12         12         106.57         8.88         .012           0         0         .00         .00         .00         .000           12         12         106.57         8.88         .012           0         0         \$ .00         .00         .00           0         \$ .00         .00	USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES PER UNIT/DAY         AVERAGE COST UNITS/DAYS PER UNIT/DAY         PER ELIG           7         21         \$         387.65         \$         18.46         .021         \$           1         1         47.45         47.45         .001         .001         .001         .000	USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES PER UNIT/DAY         AVERAGE COST UNITS/DAYS PER ELIG USER         COST PER USER           7         21         \$ 387.65         \$ 18.46         .021         \$ 55.38           1         1         47.45         47.45         .001         47.45           7         20         340.20         17.01         .020         48.60           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           12         12         \$ 106.57         \$ 8.88         .012         \$ 8.88           0         0         .00         .00         .00         .00         .00           12         12         106.57         8.88         .012         8.88           0         0         \$ .00         .00	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           7         21         \$ 387.65         \$ 18.46         .021         \$ 55.38         \$           1         1         47.45         47.45         .001         47.45         47.45           7         20         340.20         17.01         .020         48.60         .00           0         0         .00         .00         .00         .00         .00         .00         .00         \$           0         0         \$         .00         \$ .00         .00         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00 </td

NON-HSC HOSPITAL TOTAL	1	4		1,521.05	380.26	.004	1521.05	1.49
ACCOMMODATIONS	1	4		8,127.36	2031.84	.004	8127.36	7.97
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4		8,127.36	2031.84	.004	8127.36	7.97
ANCILLARIES	1	0		6,606.31CR	.00	.000	6606.31CF	6.48CR
INPATIENT CROSSOVERS	19	0		19,438.40	.00	.000	1023.07	19.06
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	89	598		10,014.34	16.75	.586	112.52	9.82
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	10	72		738.30	10.25	.071	73.83	.72
RADIOLOGY	2	2		59.77	29.89	.002	29.89	.06
ROOM USE	6	6		201.55	33.59	.006	33.59	.20
CROSSOVERS/ALL OTH OUTPTNT	80	518		9,014.72	17.40	.508	112.68	8.84
@COUNTY HOSPITAL TOTAL	0	0 \$	3	.00 \$	.00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURES	MONTH-OF	-PAYMENT REPO	RT FOR JAN	2004 THRU	DEC 2004	PAGE 9,031
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR	IN HOME S	SUPPORT -	TOTAL				
							ONTHLY AVERAG	E
1 000 51 10151 50		- 05511405		TAID TELLDER	TIED TOE GOOF		COOR DED	COCH DED

1,020 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	105	602 \$	30,973.79	\$ 51.45	.590 \$		
COMM HOSP INPATIENT TOTAL	20	4	20,959.45	5239.86	.004	1047.97	20.55
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	4	1,521.05	380.26	.004	1521.05	1.49
ACCOMMODATIONS	1	4	8,127.36	2031.84	.004	8127.36	7.97
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	8,127.36	2031.84	.004	8127.36	7.97
ANCILLARIES	1	0	6,606.31CR	.00	.000	6606.31CR	6.48CR
INPATIENT CROSSOVERS	19	0	19,438.40	.00	.000	1023.07	19.06
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	89	598	10,014.34	16.75	.586	112.52	9.82
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	10	72	738.30	10.25	.071	73.83	.72
RADIOLOGY	2	2	59.77	29.89	.002	29.89	.06
ROOM USE	6	6	201.55	33.59	.006	33.59	.20

CROSSOVERS/ALL OTH OUTPINT	80	518		9,014.72		17.40	.508		112.68		8.84
@STATE HOSPITAL	0	0	Ś	.00	Ś	.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	2.3	350	Ś	61,787.44	Ś	176.54	.343	Ś	2686.41	Ś	60.58
LEV A-INTERMEDIATE	0	0	·	.00	·	.00	.000		.00	·	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	23	350		61,787.44		176.54	.343		2686.41		60.58
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	20	32	\$	13,237.49	\$	413.67	.031	\$	661.87	\$	12.98
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	20	32		13,237.49		413.67	.031		661.87		12.98
@REHABILITATION FACILITY	1	17	\$	274.25	\$	16.13	.017	\$	274.25	\$	.27
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	1	17		274.25		16.13	.017		274.25		.27
@LABORATORY FACILITY	3	7	\$	43.15	\$	6.16	.007	\$	14.38	\$	.04
PATHOLOGY	1	3		38.85		12.95	.003		38.85		.04
XO AND OTHERS	2	4		4.30		1.08	.004		2.15		.00
@ORGANIZED OUTPATIENT CLINIC	34	56	\$	6,299.09	\$	112.48		\$	185.27	\$	6.18
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	2		410.12		205.06	.002		410.12		.40
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	33	54		5 <b>,</b> 888.97		109.06	.053		178.45		5.77
#CALIF DEPT OF HEALTH SERV			RES N	MONTH-OF-PAYMENT I	REPOR'	T FOR JAN	2004 THRU	DEC	2004	P	AGE 9,032
MOP024	FEE-FOR-SERVICE	,									03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR IN HOM	E SUE	PPORT - TOTAL							
4 000			_		_				HLY AVERA		
1,020 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AV:	ERAGE COS	r units/day	S	COST PER		COST PER

					MON	NTHLY AVERAGI	Ε
1,020 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	242	12 <b>,</b> 216 \$	238,787.27	\$ 19.55	11.976	986.72	\$ 234.11
DURABLE MED. EQUIP.	4	7	4,076.29	582.33	.007	1019.07	4.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	25.00	25.00	.001	25.00	.02
MEDICAL TRANSPORTATION	6	39	298.14	7.64	.038	49.69	.29
AMBULANCES/AIR TRANS	2	23	185.26	8.05	.023	92.63	.18
OTHER TRANS	3	8	85.17	10.65	.008	28.39	.08
OTHER SERVICES	1	8	27.71	3.46	.008	27.71	.03
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	75	938	65 <b>,</b> 266.04	69.58	.920	870.21	63.99
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	23	6,801	158,992.90	23.38	6.668	6912.73	155.88
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	16	34	359.64	10.58	.033	22.48	.35
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	1.72	.86	.002	1.72	.00
PROSTHETIST/ORTHOTISTS	4	37	3 <b>,</b> 253.59	87.93	.036	813.40	3.19
PROSTHETICS	4	37	3 <b>,</b> 253.59	87.93	.036	813.40	3.19
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	2	23	2,661.32	115.71	.023	1330.6	5	2.61
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	)	.00
LOCAL EDUCATION AGENCIES	9	263	1,576.96	6.00	.258	175.22	2	1.55
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	)	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	)	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	)	.00
ALL OTHER PROVIDERS	119	4,071	2,275.67	.56	3.991	19.12	2	2.23
@CALIF. CHILDREN SERVICES*	16	640	\$ 11,148.86	\$ 17.42	.627	\$ 696.80	) \$	10.93
@XOVER EXCLUDING STATE HOSP**	315	9,068	\$ 64,034.39	\$ 7.06	8.890	\$ 203.28	\$	62.78

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,033
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

NEVADA COUNTY	SUMMARY OF SER	VICES FOR PUBLIC ASSIS	TANCE - AGED				
					MON		GE
3,895 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	3,184	64 <b>,</b> 874 \$	1,526,908.33	\$ 23.54	16.656 \$		•
@PHYSICIANS SERVICES	591	1 <b>,</b> 793 \$	.,	\$ 14.22	.460 \$		•
OUTPATIENT VISITS	4	6	170.58	28.43	.002	42.65	.04
OFFICE VISITS	3	4	101.60	25.40	.001	33.87	.03
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	68.98	34.49	.001	34.49	.02
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	8.01	8.01	.000	8.01	.00
EXAMINATIONS	1	1	8.01	8.01	.000	8.01	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	4	52	314.48	6.05	.013	78.62	.08
PRINCIPAL SURGEON	2	2	78.56	39.28	.001	39.28	.02
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	50	235.92	4.72	.013	117.96	.06
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	4	28.32	7.08	.001	7.08	.01
RADIOLOGY	3	3	35.50	11.83	.001	11.83	.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	580	1,727	24,947.08	14.45	.443	43.01	6.40
@PHARMACY	2 <b>,</b> 679	54 <b>,</b> 054 \$	•	\$ 16.33	13.878 \$		
PRESCRIPTION DRUGS	2,659	11,397	864 <b>,</b> 289.85	75.83	2.926	325.04	221.90
SNF/ICF	79	556	31,407.61	56.49	.143	397.56	8.06
OUTPATIENTS	2,591	10,841	832,882.24	76.83	2.783	321.45	213.83
MEDICAL SUPPLIES	187	42,657	18,481.07	.43	10.952	98.83	4.74
@DENTIST	106	343 \$	,	\$ 41.61	.088 \$		•
VISITS - DIAGNOSTIC	67	185	2,994.00	16.18	.047	44.69	.77
ORAL SURGERY	18	42	2,116.00	50.38	.011	117.56	.54

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	2	2		88.50		44.25	.001	44.25		.02
ENDODONTICS	4	3		875.00		291.67	.001	218.75		.22
RESTORATIVE DENTISTRY	29	62		3,244.00		52.32	.016	111.86		.83
PROSTHETICS	0	1		30.00		30.00	.000	.00		.01
DENTURES, STAYPLATES	15	46		4,925.00		107.07	.012	328.33		1.26
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	5	2		.00		.00	.001	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITUR	ES MO	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU DI	EC 2004	Р	AGE 9,034
MOP024	FEE-FOR-SERVICE	E/DENTAL								03/14/05
NEVADA COUNTY	SUMMARY OF SERV	VICES FOR PUBLIC A	ASSIS	STANCE - AGED						
							MOI	NTHLY AVERA	GE	
3,895 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	56	148	\$	3,017.04	\$	20.39	.038	53.88	\$	.77
DIAGNOSTIC AND ANC. PROCED	8	8		341.14		42.64	.002	42.64		.09
EYE APPLIANCES	41	118		1,940.40		16.44	.030	47.33		.50
OTHER OPTOMETRIC SERVICES	13	22		735.50		33.43	.006	56.58		.19
@CHIROPRACTOR	3	3	\$	45.17	\$	15.06	.001	15.06	\$	.01
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	3	3		45.17		15.06	.001	15.06		.01
@PODIATRIST	64	87	\$	824.20	\$	9.47	.022	12.88	\$	.21
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	64	87		824.20		9.47	.022	12.88		.21
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER		0	\$	.00	\$	.00	.000		\$	.00
FAMILY NURSE PRACTITIONER	2	2 1,419	\$		\$	24.00	.001		\$	.01
@TOTAL HOSPITAL	378	1,419	\$	170,927.92			.364		\$	43.88
HOSP INPATIENT TOTAL	78	41		145,632.92		3552.02	.011	1867.09		37.39
HSC HOSPITALS	1	7		.00		.00	.002	.00		.00
NON-HSC HOSPITAL TOTAL	9	34		89,802.66		2641.25	.009	9978.07		23.06
ACCOMMODATIONS	9	34		13,900.63		408.84	.009	1544.51		3.57
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0 34		.00		.00	.000	.00		.00
ALL OTHER ACCOM	9	34		13,900.63		408.84	.009	1544.51		3.57
ANCILLARIES	8	0		75 <b>,</b> 902.03		.00	.000	9487.75		19.49
INPATIENT CROSSOVERS	68	0		55 <b>,</b> 830.26		.00	.000	821.03		14.33
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00

25,295.00

10.96

191.93

339.38

24,705.94

46.79

.00

.00

.00

.00

18.36

10.96

95.97

7.80

48.48

18.14

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10.96

95.97

11.70

67.88

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6.34

1,378

1,362

2

6

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7

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0

315

1 2 4

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5

0

0

0

309

HOSP OUTPATIENT TOTAL

@COUNTY HOSPITAL TOTAL

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPINT

CO HOSPITAL INPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU I	DEC 2004	PAGE 9,035
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
NEVADA COUNTY	CHMMADY OF CEDIA	ICES FOR PUBLIC ASSIS	TANCE ACED				
NEVADA COUNTI	SUMMARI OF SERV	ICES FOR PUBLIC ASSIS	TANCE - AGED				
NEVADA COUNTI	SUMMARI OF SERV	ICES FOR PUBLIC ASSIS	TANCE - AGED		MC	ONTHLY AVERA	GE
3,895 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			GE COST PER
				PER UNIT/DAY	UNITS/DAYS		-
		UNITS OF SERVICE		PER UNIT/DAY	UNITS/DAYS	S COST PER USER	COST PER ELIGIBLE
3,895 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	PER UNIT/DAY \$ 120.46	UNITS/DAYS PER ELIG .364 .011	S COST PER USER	COST PER ELIGIBLE \$ 43.88 37.39
3,895 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	USERS	UNITS OF SERVICE OR DAYS OF CARE 1,419 \$ 41 7	EXPENDITURES 170,927.92 145,632.92 .00	PER UNIT/DAY \$ 120.46 3552.02 .00	UNITS/DAYS PER ELIG .364 .011 .002	S COST PER USER \$ 452.19 1867.09 .00	COST PER ELIGIBLE \$ 43.88 37.39 .00
3,895 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	USERS	UNITS OF SERVICE OR DAYS OF CARE 1,419 \$ 41 7 34	EXPENDITURES  170,927.92 145,632.92 .00 89,802.66	PER UNIT/DAY \$ 120.46 3552.02 .00 2641.25	UNITS/DAYS PER ELIG .364 .011 .002 .009	S COST PER USER \$ 452.19 1867.09 .00 9978.07	COST PER ELIGIBLE \$ 43.88 37.39 .00 23.06
3,895 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	USERS	UNITS OF SERVICE OR DAYS OF CARE 1,419 \$ 41 7	EXPENDITURES 170,927.92 145,632.92 .00	PER UNIT/DAY \$ 120.46 3552.02 .00 2641.25 408.84	UNITS/DAYS PER ELIG .364 .011 .002 .009 .009	S COST PER USER \$ 452.19 1867.09 .00	COST PER ELIGIBLE \$ 43.88 37.39 .00 23.06 3.57
3,895 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	USERS	UNITS OF SERVICE OR DAYS OF CARE 1,419 \$ 41 7 34	EXPENDITURES  170,927.92 145,632.92 .00 89,802.66	PER UNIT/DAY \$ 120.46 3552.02 .00 2641.25	UNITS/DAYS PER ELIG .364 .011 .002 .009	S COST PER USER \$ 452.19 1867.09 .00 9978.07	COST PER ELIGIBLE \$ 43.88 37.39 .00 23.06
3,895 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	USERS	UNITS OF SERVICE OR DAYS OF CARE 1,419 \$ 41 7 34 34 0 0	EXPENDITURES  170,927.92 145,632.92 .00 89,802.66 13,900.63 .00 .00	PER UNIT/DAY \$ 120.46 3552.02 .00 2641.25 408.84 .00 .00	UNITS/DAYS PER ELIG .364 .011 .002 .009 .009 .000	S COST PER USER \$ 452.19 1867.09 .00 9978.07 1544.51 .00 .00	COST PER ELIGIBLE \$ 43.88 37.39 .00 23.06 3.57 .00
3,895 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	USERS	UNITS OF SERVICE OR DAYS OF CARE 1,419 \$ 41 7 34	EXPENDITURES  170,927.92 145,632.92 .00 89,802.66 13,900.63 .00 .00 13,900.63	PER UNIT/DAY \$ 120.46 3552.02 .00 2641.25 408.84 .00	UNITS/DAYS PER ELIG .364 .011 .002 .009 .009 .000 .000	S COST PER USER \$ 452.19 1867.09 .00 9978.07 1544.51 .00 .00	COST PER ELIGIBLE \$ 43.88 37.39 .00 23.06 3.57 .00 .00
3,895 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	USERS  378  78  1  9  0  0  9 8	UNITS OF SERVICE OR DAYS OF CARE 1,419 \$ 41 7 34 34 0 0	EXPENDITURES  170,927.92 145,632.92 .00 89,802.66 13,900.63 .00 .00 13,900.63 75,902.03	PER UNIT/DAY \$ 120.46 3552.02 .00 2641.25 408.84 .00 .00 408.84 .00	UNITS/DAYS PER ELIG .364 .011 .002 .009 .009 .000 .000	S COST PER USER \$ 452.19 1867.09 .00 9978.07 1544.51 .00 .00 1544.51 9487.75	COST PER ELIGIBLE \$ 43.88 37.39 .00 23.06 3.57 .00 .00 3.57 19.49
3,895 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	USERS	UNITS OF SERVICE OR DAYS OF CARE 1,419 \$ 41 7 34 34 0 0	EXPENDITURES  170,927.92 145,632.92 .00 89,802.66 13,900.63 .00 .00 13,900.63	PER UNIT/DAY \$ 120.46 3552.02 .00 2641.25 408.84 .00 .00 408.84	UNITS/DAYS PER ELIG .364 .011 .002 .009 .009 .000 .000	S COST PER USER \$ 452.19 1867.09 .00 9978.07 1544.51 .00 .00	COST PER ELIGIBLE \$ 43.88 37.39 .00 23.06 3.57 .00 .00

COMM HOSP OUTPATIENT TOTAL	315	1,378		25,295.00		18.36	.354		80.30		6.49
MEDICAL	1	1		10.96		10.96	.000		10.96		.00
SURGERY	2	2		191.93		95.97	.001		95.97		.05
PATHOLOGY	4	6		46.79		7.80	.002		11.70		.01
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	5	7		339.38		48.48	.002		67.88		.09
CROSSOVERS/ALL OTH OUTPTNT	309	1,362		24,705.94		18.14	.350		79.95		6.34
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000	•	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	103	1,982	\$	292,139.66	\$	147.40	.509	\$	2836.31	\$	75.00
LEV A-INTERMEDIATE	0	. 0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	103	1,982		292,139.66		147.40	.509		2836.31		75.00
@INTERMEDIATE CARE FACILDD	0	. 0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	10	13	\$	6,470.98	\$	497.77	.003	\$	647.10	\$	1.66
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	10	13		6,470.98		497.77	.003		647.10		1.66
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	10	21	\$	158.46	\$	7.55	.005	\$	15.85	\$	.04
PATHOLOGY	6	13		147.21		11.32	.003		24.54		.04
XO AND OTHERS	4	8		11.25		1.41	.002		2.81		.00
@ORGANIZED OUTPATIENT CLINIC	100	170	\$	21,548.93	\$	126.76	.044	\$	215.49	\$	5.53
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	2	4		533.82		133.46	.001		266.91		.14
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	98	166		21,015.11		126.60	.043		214.44		5.40
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND H	EXPENDITU	JRES N	MONTH-OF-PAYMENT RE	EPOR'	T FOR JAN	2004 THRU	DEC	2004	P	AGE 9,036
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR	R PUBLIC	C ASSI	ISTANCE - AGED							

----- MONTHLY AVERAGE -----3,895 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 513 4,839 109,180.58 22.56 1.242 \$ 212.83 \$ 28.03 5 5 383.66 DURABLE MED. EQUIP. 1,918.29 383.66 .001 .49 0 0 .00 .000 .00 .00 BLOOD BANK .00 3,608.40 257.74 257.74 .93 HEARING AID DISPENSERS 14 14 .004 50.29 MEDICAL TRANSPORTATION 4 74 201.14 2.72 .019 .05 AMBULANCES/AIR TRANS 0 .00 .00 .000 .00 .00 3 173.43 2.63 .017 57.81 .04 OTHER TRANS 66 OTHER SERVICES 1 8 27.71 3.46 .002 27.71 .01 0 0 .00 .00 .00 .00 ACUPUNCTURE .000 ADULT DAY HEALTH CARE CTR 95 1,196 83,216.67 69.58 .307 875.96 21.36 .00 GENETIC DISEASE TESTING Ω 0 .00 .00 .000 .00 3 636.02 IHMC, MODEL-NF, NF, AIDS, MSSP 45.43 .004 212.01 .16 OCCUPATIONAL THERAPIST 0 0 .00 .00 .000 .00 .00 OPTICIAN 77 175 1,978.06 11.30 .045 25.69 .51 PHYSICAL THERAPIST .00 .00 .000 .00 .00

PORTABLE X-RAY	10	19	17.48	.92	.005	1.75	.00
PROSTHETIST/ORTHOTISTS	6	12	129.12	10.76	.003	21.52	.03
PROSTHETICS	6	12	129.12	10.76	.003	21.52	.03
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	2	45.30	22.65	.001	22.65	.01
HOSPICE SERVICES	5	51	5,794.62	113.62	.013	1158.92	1.49
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	313	3 <b>,</b> 277	11,635.48	3.55	.841	37.17	2.99
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	1,176	6 <b>,</b> 677	\$ 168,598.91	\$ 25.25	1.714	\$ 143.37	\$ 43.29

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,037 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

NEVADA COUNTY	SUMMARY OF SER	VICES FOR PUBLIC	ASSI	STANCE - BLIND				<b>C</b> T
605			_			MON		
687 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
	F 0 0	OR DAYS OF CAR		600 040 56	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	580	46,856	\$	638,942.76	\$ 13.64	68.204		•
@PHYSICIANS SERVICES	210	931	\$	,	\$ 36.16	1.355		•
OUTPATIENT VISITS	84	118		5,103.87	43.25	.172	60.76	7.43
OFFICE VISITS	55	71		2,418.94	34.07	.103	43.98	3.52
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	38	42		2 <b>,</b> 501.57	59.56	.061	65.83	3.64
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	5		183.36	36.67	.007	36.67	.27
INPATIENT VISITS	11	137		12,851.89	93.81	.199	1168.35	18.71
HOSPITAL VISITS	11	95		4,053.63	42.67	.138	368.51	5.90
CRITICAL CARE	5	34		8,491.56	249.75	.049	1698.31	12.36
SNF/ICF/TRANS IP CARE	1	8		306.70	38.34	.012	306.70	.45
OPHTHALMOLOGICAL SERVICES	2	2		96.61	48.31	.003	48.31	.14
EXAMINATIONS	2	2		96.61	48.31	.003	48.31	.14
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	8	31		1,792.85	57.83	.045	224.11	2.61
PRINCIPAL SURGEON	7	7		1,276.72	182.39	.010	182.39	1.86
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	24		516.13	21.51	.035	258.07	.75
OUTPATIENT SURGERY	19	57		2,756.03	48.35	.083	145.05	4.01
PRINCIPAL SURGEON	16	16		1,713.41	107.09	.023	107.09	2.49
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	41		1,042.62	25.43	.060	260.66	1.52
DIALYSIS	10	15		3,160.56	210.70	.022	316.06	4.60
PATHOLOGY	11	44		579.27	13.17	.064	52.66	.84
RADIOLOGY	34	119		2,419.77	20.33	.173	71.17	3.52
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	120	408		4,900.17	12.01	.594	40.83	7.13
@PHARMACY	448	21,217	\$	214,060.88		30.884		
PRESCRIPTION DRUGS	438	1,877	т		110.30	2.732	472.67	301.35
	100	±, ~ ' '		20,,023.12		22	1.2.07	001.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	4	27		1 <b>,</b> 584.59		58.69	.039		396.15		2.31
OUTPATIENTS	434	1,850		205,444.53		111.05	2.693		473.37		299.05
MEDICAL SUPPLIES	65	19,340		7,031.76		.36	28.151		108.18		10.24
@DENTIST	30	116	\$	2,697.00	\$	23.25	.169	\$	89.90	\$	3.93
VISITS - DIAGNOSTIC	26	73		1,474.00		20.19	.106		56.69		2.15
ORAL SURGERY	5	7		388.00		55.43	.010		77.60		.56
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	1	1		71.00		71.00	.001		71.00		.10
RESTORATIVE DENTISTRY	6	21		764.00		36.38	.031		127.33		1.11
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	3	14		.00		.00	.020		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	RES I	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	PAG	GE 9,038
MOP024	FEE-FOR-SERVICE/DENTA	L									03/14/05

NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

NEVADA COUNTI	SUMMARI OF SER	VICES FOR FUBLIC	, HOOLO	STANCE - BLIND			M	חזי	THLY AVERA	CF	
687 ELIGIBLES	USERS	UNITS OF SERVIO	~ [	EXPENDITURES	7/1/1	RAGE COST			COST PER	ЭĿ	COST PER
007 ELIGIBLES	OSEKS	OR DAYS OF CAR		EXPENDITORES		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	Д	OR DATE OF CAL	\$	717.49	S	79.72	.013		179.37	Ś	1.04
DIAGNOSTIC AND ANC. PROCED	1	1	۲	47.45	٧	47.45	.001	Y	47.45	Y	.07
EYE APPLIANCES	2	4		432.85		108.21	.001		216.43		.63
OTHER OPTOMETRIC SERVICES	3	4		237.19		59.30	.006		79.06		.35
@CHIROPRACTOR	0	Ô	\$	.00	Ś	.00	.000	Ś	.00	\$	.00
VISITS	0	0	т	.00	т	.00	.000	Τ.	.00	Τ.	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	10	13	\$	178.27	\$	13.71	.019	Ś		Ś	.26
MEDICINE/INJECTIONS	1	1	т	62.41	т	62.41	.001	Τ.	62.41	Τ.	.09
SURGERY/ANES.	1	1		15.00		15.00	.001		15.00		.02
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	9	11		100.86		9.17	.016		11.21		.15
@HOME HEALTH AGENCY	11	1,213	\$	36,680.89	\$	30.24	1.766	\$	3334.63	\$	53.39
NURSE ANESTHESIST	2	29	\$	70.81	\$	2.44	.042		35.41	\$	.10
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00		\$		\$	.00
@TOTAL HOSPITAL	145	687	\$	177,720.41	\$	258.69	1.000	\$	1225.66	\$	258.69
HOSP INPATIENT TOTAL	18	94		155,551.11		1654.80	.137		8641.73		226.42
HSC HOSPITALS	6	48		64,917.00		1352.44	.070		10819.50		94.49
NON-HSC HOSPITAL TOTAL	2	46		77,347.11		1681.46	.067		38673.56		112.59
ACCOMMODATIONS	2	46		16,069.10		349.33	.067		8034.55		23.39
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	46		16,069.10		349.33	.067		8034.55		23.39
ANCILLARIES	2	0		61,278.01		.00	.000		30639.01		89.20
INPATIENT CROSSOVERS	10	0		13,287.00		.00	.000		1328.70		19.34
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	134	593		22,169.30		37.38	.863		165.44		32.27
MEDICAL	20	25		863.74		34.55	.036		43.19		1.26
SURGERY	11	11		287.89		26.17	.016		26.17		.42
PATHOLOGY	41	142		1,593.50		11.22	.207		38.87		2.32

RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	34 51 77 0 0 0 0 0 0 0 0 0 0 0 0	41 67 307 0 \$ 0 0 0 0 0 0 0 0 0 0	11,049.14 2,679.22 5,695.81 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	269.49 39.99 18.55 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.060 .098 .447 .000 .000 .000 .000 .000 .000 .000	\$ 324.97 52.53 73.97 \$ .00 .00 .00 .00 .00 .00 .00 .00	.(	90 29 00 00 00 00 00 00 00 00 00 00 00 00 00
	0	0						
RADIOLOGY	0	0	.00	.00	.000	.00	. (	00
ROOM USE	0	0	.00	.00	.000	.00	. (	00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00		00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU	DEC 2004	PAGE 9,	<b>,</b> 039
MOP024	FEE-FOR-SERVICE/DENTAL						03/14	4/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR	PUBLIC AS:	SISTANCE - BLIND					

NEVADA COUNTI	SOUTHAIN OF SELV	AICES LOW LODDIC	ADDI.	STANCE DEIND					
						MO	NTHLY AVERA	\GE	
687 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	145	687	\$	177,720.41	\$ 258.69	1.000	\$ 1225.66	\$	258.69
COMM HOSP INPATIENT TOTAL	18	94		155,551.11	1654.80	.137	8641.73		226.42
HSC HOSPITALS	6	48		64,917.00	1352.44	.070	10819.50		94.49
NON-HSC HOSPITALS TOTAL	2	46		77,347.11	1681.46	.067	38673.56		112.59
ACCOMMODATIONS	2	46		16,069.10	349.33	.067	8034.55		23.39
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	2	46		16,069.10	349.33	.067	8034.55		23.39
ANCILLARIES	2	0		61,278.01	.00	.000	30639.01		89.20
INPATIENT CROSSOVERS	10	0		13,287.00	.00	.000	1328.70		19.34
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	134	593		22,169.30	37.38	.863	165.44		32.27
MEDICAL	20	25		863.74	34.55	.036	43.19		1.26
SURGERY	11	11		287.89	26.17	.016	26.17		.42
PATHOLOGY	41	142		1,593.50	11.22	.207	38.87		2.32
RADIOLOGY	34	41		11,049.14	269.49	.060	324.97		16.08
ROOM USE	51	67		2,679.22	39.99	.098	52.53		3.90
CROSSOVERS/ALL OTH OUTPTNT	77	307		5,695.81	18.55	.447	73.97		8.29
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	9	227	\$	33 <b>,</b> 785.46	\$ 148.83	.330		\$	49.18
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	1	24		8,276.88	344.87	.035	8276.88		12.05
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	8	203		25,508.58	125.66	.295	3188.57		37.13
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	35	1,526	\$	50,791.59	\$	33.28	2.221	Ś	1451.19	Ś	73.93
HOSPITAL BASED	0	0	-	.00	-	.00	.000	-1	.00	7	.00
HEMODIALYSIS CENTER	35	1,526		50,791.59		33.28	2.221		1451.19		73.93
@REHABILITATION FACILITY	10	160	Ś	2,417.21	Ś	15.11	.233	\$	241.72	Ś	3.52
HOSPITAL BASED	0	0		.00		.00	.000	·	.00	·	.00
INDEPENDENT FACILITY	10	160		2,417.21		15.11	.233		241.72		3.52
@LABORATORY FACILITY	12	127	\$	1,722.96	\$	13.57	.185	\$	143.58	\$	2.51
PATHOLOGY	11	124		1,722.51		13.89	.180		156.59		2.51
XO AND OTHERS	1	3		.45		.15	.004		.45		.00
@ORGANIZED OUTPATIENT CLINIC	35	53	\$	6,426.53	\$	121.26	.077	\$	183.62	\$	9.35
CLINIC	6	6		196.41		32.74	.009		32.74		.29
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	29	47		6,230.12		132.56	.068		214.83		9.07
#CALIF DEPT OF HEALTH SERV			RES I	MONTH-OF-PAYMENT RI	EPOR'	T FOR JAN 2	2004 THRU	DEC	2004	P	AGE 9,040
MOP024	FEE-FOR-SERVICE/	DENTAL									03/14/05
NEVADA COUNTY	SUMMARY OF SERVI	CES FOR PUBLIC	ASS	ISTANCE - BLIND							
							M				
687 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST		S	COST PER		COST PER
		OR DAYS OF CAR				R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	211	20,548	\$	78,012.24	\$	3.80	29.910	\$	369.73	\$	113.55
DURABLE MED. EQUIP.	13	30		6,248.65		208.29	.044		480.67		9.10
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	2	2		50.00		25.00	.003		25.00		.07
MEDICAL TRANSPORTATION	14	244		3,915.96		16.05	.355		279.71		5.70
AMBULANCES/AIR TRANS	12	233		2,053.91		8.82	.339		171.16		2.99
OTHER TRANS	2	10		62.05		6.21	.015		31.03		.09
OTHER SERVICES	1	1		1,800.00		1800.00	.001		1800.00		2.62
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	38	360	25 <b>,</b> 048.80	69.58	.524	659.18	36.46
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	5	12	2,396.70	199.73	.017	479.34	3.49
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	8	76.00	9.50	.012	25.33	.11
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	8	190.86	23.86	.012	63.62	.28
PROSTHETICS	3	8	190.86	23.86	.012	63.62	.28
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	4	70.00	17.50	.006	23.33	.10
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	55	7,320	33,451.39	4.57	10.655	608.21	48.69
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	96	12,560	6,563.88	.52	18.282	68.37	9.55
@CALIF. CHILDREN SERVICES*	34	917	\$ 86,602.98	\$ 94.44	1.335	\$ 2547.15	\$ 126.06
@XOVER EXCLUDING STATE HOSP**	179	5,043	\$ 36,843.77	\$ 7.31	7.341	\$ 205.83	\$ 53.63

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,041
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

NEVADA COUNTI	DOMMANT OF DER	VICES FOR TODDIC	ADDI	JIANCE DISABLED					
							NTHLY AVERA	-	
18,842 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST		COST PER	C	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	F	ELIGIBLE
@TOTAL, ALL PROVIDERS	15 <b>,</b> 692	366 <b>,</b> 923	\$	11,270,358.16	\$ 30.72	19.474	\$ 718.22	\$	598.15
@PHYSICIANS SERVICES	4,585	18 <b>,</b> 357	\$	539 <b>,</b> 985.89	\$ 29.42	.974	\$ 117.77	\$	28.66
OUTPATIENT VISITS	2 <b>,</b> 528	3 <b>,</b> 849		153,843.51	39.97	.204	60.86		8.16
OFFICE VISITS	1,734	2,446		76 <b>,</b> 408.74	31.24	.130	44.07		4.06
HOME VISITS	5	7		225.58	32.23	.000	45.12		.01
EMERGENCY ROOM	881	1,196		70,902.72	59.28	.063	80.48		3.76
PREVENTIVE CARE	1	1		65.78	65.78	.000	65.78		.00
OB VISITS/COMPRE PERI	6	8		681.33	85.17	.000	113.56		.04
OTHER OUTPATIENT	180	191		5 <b>,</b> 559.36	29.11	.010	30.89		.30
INPATIENT VISITS	253	884		42,950.52	48.59	.047	169.76		2.28
HOSPITAL VISITS	224	790		36,717.04	46.48	.042	163.92		1.95
CRITICAL CARE	17	46		4,680.83	101.76	.002	275.34		.25
SNF/ICF/TRANS IP CARE	30	48		1,552.65	32.35	.003	51.76		.08
OPHTHALMOLOGICAL SERVICES	93	110		4,613.26	41.94	.006	49.60		.24
EXAMINATIONS	92	109		4,577.97	42.00	.006	49.76		.24
SERVICES AND MATERIALS	1	1		35.29	35.29	.000	35.29		.00
INPATIENT HOSPITAL SURGERY	109	2 <b>,</b> 539		53,414.37	21.04	.135	490.04		2.83
PRINCIPAL SURGEON	69	118		38,047.86	322.44	.006	551.42		2.02
ASSISTANT SURGEON	11	11		1,547.17	140.65	.001	140.65		.08
ANESTHESIOLOGIST	52	2,410		13,819.34	5.73	.128	265.76		.73
OUTPATIENT SURGERY	330	1,520		56,435.33	37.13	.081	171.02		3.00
PRINCIPAL SURGEON	275	331		45,559.84	137.64	.018	165.67		2.42
ASSISTANT SURGEON	2	2		243.91	121.96	.000	121.96		.01
ANESTHESIOLOGIST	65	1,187		10,631.58	8.96	.063	163.56		.56
DIALYSIS	15	84		5,715.07	68.04	.004	381.00		.30
PATHOLOGY	293	613		14,042.63	22.91	.033	47.93		.75

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	1,018	1,848		74,149.81		40.12	.098		72.84		3.94
PSYCHIATRY	7	9		487.51		54.17	.000		69.64		.03
IMMUNIZATION AND INJECTION	104	1,194		18,329.79		15.35	.063		176.25		.97
OTHER SERVICES/ALL X-OVERS	1,931	5 <b>,</b> 707		116,004.09		20.33	.303		60.07		6.16
@PHARMACY	12,491	186,486	\$	6,511,134.76	\$	34.91	9.897	\$	521.27	\$	345.56
PRESCRIPTION DRUGS	12,361	54,183		6,407,722.40		118.26	2.876		518.38		340.08
SNF/ICF	217	1,660		138,790.49		83.61	.088		639.59		7.37
OUTPATIENTS	12 <b>,</b> 185	52 <b>,</b> 523		6,268,931.91		119.36	2.788		514.48		332.71
MEDICAL SUPPLIES	882	132,303		103,412.36		.78	7.022		117.25		5.49
@DENTIST	695	2,901	\$	113,835.18	\$	39.24	.154	\$	163.79	\$	6.04
VISITS - DIAGNOSTIC	476	1,717		25 <b>,</b> 840.90		15.05	.091		54.29		1.37
ORAL SURGERY	120	339		18,101.75		53.40	.018		150.85		.96
DRUGS	7	7		150.00		21.43	.000		21.43		.01
ANESTHESIA	2	2		200.00		100.00	.000		100.00		.01
PERIODONTICS	30	40		3,506.00		87.65	.002		116.87		.19
ENDODONTICS	44	57		11,984.00		210.25	.003		272.36		.64
RESTORATIVE DENTISTRY	221	587		32,331.95		55.08	.031		146.30		1.72
PROSTHETICS	5	5		120.00		24.00	.000		24.00		.01
DENTURES, STAYPLATES	48	126		21,453.50		170.27	.007		446.95		1.14
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	1		112.08		112.08	.000		112.08		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	1	1		35.00		35.00	.000		35.00		.00
ALL OTHER SERVICES	25	19		.00		.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITU	JRES	MONTH-OF-PAYMENT RI	EPOR'	r for jan	2004 THRU	DEC	2004	PP	AGE 9,042
MOP024	FEE-FOR-SERVICE/DENT	AL									03/14/05

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 18,842 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 22,552.40 @OPTOMETRIST 344 65.56 \$ 1,093 20.63 .058 \$ 1.20 42.76 DIAGNOSTIC AND ANC. PROCED 165 170 7,268.60 .009 44.05 EYE APPLIANCES 296 885 14,338.60 16.20 .047 48.44 .76 OTHER OPTOMETRIC SERVICES 23 38 945.20 24.87 .002 41.10 .05 112 213 3,501.44 \$ 16.44 .011 \$ 31.26 \$ .19 @CHIROPRACTOR VISITS 99 197 3,252.04 16.51 .010 32.85 .17 13 .001 OTHER SERVICES 16 249.40 15.59 19.18 .01 116 3,337.64 20.35 .009 \$ 28.77 \$ @PODIATRIST 164 29.44 61 70 2,060.87 .004 33.78 MEDICINE/INJECTIONS .11 SURGERY/ANES. 4 4 78.00 19.50 .000 19.50 .00 RADIO./PATHOLOGY 41.52 20.76 .000 20.76 .00 OTHER 56 88 1,157.25 13.15 .005 20.67 .06 @HOME HEALTH AGENCY 489 32,121.88 65.69 .026 \$ 387.01 \$ 1.70 103.81 \$ NURSE ANESTHESIST 103.81 20.76 .000 \$ NURSE MIDWIFE 0 .00 \$ .00 .000 \$ .00 \$ .00 PEDIATRIC NURSE PRACTITIONER 1 1 34.22 34.22 .000 \$ 34.22 \$ .00 60 73 24.56 .004 \$ 29.89 \$ FAMILY NURSE PRACTITIONER 1,793.12 2,227,538.18 656.12 \$ @TOTAL HOSPITAL 3,395 17,988 123.83 .955 \$ 118.22 HOSP INPATIENT TOTAL 325 936 1,780,669.20 1902.42 5478.98 94.51 .050 282 HSC HOSPITALS 45 1267.14 .015 7940.76 357,334.00 167 654 2005.74 7854.82 NON-HSC HOSPITAL TOTAL 1,311,754.57 .035 69.62 ACCOMMODATIONS 167 654 311,556.44 476.39 1865.61 16.54 .035 0 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS 0 TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 167 311,556.44 ALL OTHER ACCOM 654 476.39 .035 1865.61 16.54 ANCILLARIES 1,000,198.13 .000 5989.21 53.08

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

NEVADA COUNTY

INPATIENT CROSSOVERS	116	0	111,580.63	.00	.000	961.90	5.92
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,197	17,052	446,868.98	26.21	.905	139.78	23.72
MEDICAL	498	748	27,658.17	36.98	.040	55.54	1.47
SURGERY	241	261	9,153.08	35.07	.014	37.98	.49
PATHOLOGY	1,303	5 <b>,</b> 912	69,858.75	11.82	.314	53.61	3.71
RADIOLOGY	838	1,387	121,726.57	87.76	.074	145.26	6.46
ROOM USE	1 <b>,</b> 297	1,977	78,627.94	39.77	.105	60.62	4.17
		6,767	139,844.47	20.67	.359	88.34	7.42
CROSSOVERS/ALL OTH OUTPTNT		•					
@COUNTY HOSPITAL TOTAL	12	126 \$		\$ 79.75	.007 \$		
CO HOSPITAL INPATIENT TOTAL		5	4,575.00	915.00	.000	4575.00	.24
HSC HOSPITALS	1	5	4,575.00	915.00	.000	4575.00	.24
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	11	121	5,473.87	45.24	.006	497.62	.29
MEDICAL	3	9	389.51	43.28	.000	129.84	.02
SURGERY	2	5	234.48	46.90	.000	117.24	.01
PATHOLOGY	3	30	548.88	18.30	.002	182.96	.03
RADIOLOGY	4	13	1,384.39	106.49	.001	346.10	.07
ROOM USE	5	12	449.31	37.44	.001	89.86	.02
CROSSOVERS/ALL OTH OUTPTNT	10	52	2,467.30	47.45	.003	246.73	.13
		CES AND EXPENDITURES N	•				PAGE 9,043
				101(1 101( 0111 2	.001 IIII(O DI	IC 2004	
MOP024	FEE-FOR-SERVICE	E/DENTAL		JI OICI I OIC OZIIV Z	.001 IIII(O DI	10 2004	03/14/05
	FEE-FOR-SERVICE			TONT TON OTHER			03/14/05
MOP024 NEVADA COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	E/DENTAL VICES FOR PUBLIC ASSI	STANCE - DISABLED		MOM	ITHLY AVERA	03/14/05 GE
MOP024 NEVADA COUNTY	FEE-FOR-SERVICE	E/DENTAL VICES FOR PUBLIC ASSI UNITS OF SERVICE		AVERAGE COST	MON UNITS/DAYS	NTHLY AVERA COST PER	03/14/05  GE  COST PER
MOP024 NEVADA COUNTY 18,842 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	E/DENTAL VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE	STANCE - DISABLED EXPENDITURES	AVERAGE COST PER UNIT/DAY	MON UNITS/DAYS PER ELIG	NTHLY AVERA COST PER USER	03/14/05  GE  COST PER ELIGIBLE
MOP024 NEVADA COUNTY  18,842 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 3,390	E/DENTAL VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 17,862 \$	EXPENDITURES 2,217,489.31	AVERAGE COST PER UNIT/DAY \$ 124.15	MON UNITS/DAYS PER ELIG .948 \$	NTHLY AVERA COST PER USER 654.13	03/14/05  GE  COST PER  ELIGIBLE  \$ 117.69
MOP024 NEVADA COUNTY  18,842 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 3,390 324	E/DENTAL VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 17,862 \$ 931	EXPENDITURES  2,217,489.31 1,776,094.20	AVERAGE COST PER UNIT/DAY \$ 124.15 1907.73	MON UNITS/DAYS PER ELIG .948 \$	NTHLY AVERA COST PER USER 6 654.13 5481.77	03/14/05  GE  COST PER  ELIGIBLE  \$ 117.69  94.26
MOP024 NEVADA COUNTY  18,842 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 3,390 324 44	E/DENTAL VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 17,862 \$ 931 277	EXPENDITURES  2,217,489.31 1,776,094.20 352,759.00	AVERAGE COST PER UNIT/DAY \$ 124.15 1907.73 1273.50	MON UNITS/DAYS PER ELIG .948 \$ .049 .015	OTHLY AVERA COST PER USER 654.13 5481.77 8017.25	03/14/05  GE  COST PER  ELIGIBLE  \$ 117.69  94.26  18.72
MOP024 NEVADA COUNTY  18,842 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 3,390 324 44 167	E/DENTAL VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 17,862 \$ 931 277 654	EXPENDITURES  2,217,489.31 1,776,094.20 352,759.00 1,311,754.57	AVERAGE COST PER UNIT/DAY \$ 124.15 1907.73 1273.50 2005.74	MON UNITS/DAYS PER ELIG .948 \$ .049 .015 .035	OTHLY AVERA COST PER USER 654.13 5481.77 8017.25 7854.82	03/14/05  GE  COST PER  ELIGIBLE  \$ 117.69  94.26  18.72  69.62
MOP024 NEVADA COUNTY  18,842 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 3,390 324 44 167 167	E/DENTAL VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 17,862 \$ 931 277 654 654	EXPENDITURES  2,217,489.31 1,776,094.20 352,759.00 1,311,754.57 311,556.44	AVERAGE COST PER UNIT/DAY \$ 124.15 1907.73 1273.50 2005.74 476.39	MON UNITS/DAYS PER ELIG .948 \$ .049 .015 .035 .035	OTHLY AVERA COST PER USER 654.13 5481.77 8017.25 7854.82 1865.61	03/14/05  GE  COST PER  ELIGIBLE  \$ 117.69  94.26  18.72  69.62  16.54
MOP024 NEVADA COUNTY  18,842 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 3,390 324 44 167 167 0	E/DENTAL VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 17,862 \$ 931 277 654 654 0	EXPENDITURES  2,217,489.31 1,776,094.20 352,759.00 1,311,754.57 311,556.44 .00	AVERAGE COST PER UNIT/DAY \$ 124.15 1907.73 1273.50 2005.74 476.39 .00	MON UNITS/DAYS PER ELIG .948 \$ .049 .015 .035 .035	OTHLY AVERA COST PER USER 654.13 5481.77 8017.25 7854.82 1865.61 .00	03/14/05  GE  COST PER  ELIGIBLE  \$ 117.69  94.26  18.72  69.62  16.54  .00
MOP024 NEVADA COUNTY  18,842 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 3,390 324 44 167 167 0	E/DENTAL VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 17,862 \$ 931 277 654 654 0 0	EXPENDITURES  2,217,489.31 1,776,094.20 352,759.00 1,311,754.57 311,556.44 .00 .00	AVERAGE COST PER UNIT/DAY \$ 124.15 1907.73 1273.50 2005.74 476.39 .00 .00	MON UNITS/DAYS PER ELIG	OTHLY AVERA COST PER USER 6 654.13 5481.77 8017.25 7854.82 1865.61 .00 .00	03/14/05  GE  COST PER  ELIGIBLE  \$ 117.69  94.26  18.72  69.62  16.54  .00  .00
MOP024 NEVADA COUNTY  18,842 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	### FEE-FOR-SERVICE  SUMMARY OF SERVICE  USERS  3,390 324 44 167 167 0 0 167	E/DENTAL VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 17,862 \$ 931 277 654 654 0 0 654	EXPENDITURES  2,217,489.31 1,776,094.20 352,759.00 1,311,754.57 311,556.44 .00 .00 311,556.44	AVERAGE COST PER UNIT/DAY \$ 124.15 1907.73 1273.50 2005.74 476.39 .00 .00 476.39	MON UNITS/DAYS PER ELIG .948 \$ .049 .015 .035 .035 .035 .000	NTHLY AVERA COST PER USER 6 654.13 5481.77 8017.25 7854.82 1865.61 .00 .00 1865.61	03/14/05  GE  COST PER ELIGIBLE \$ 117.69 94.26 18.72 69.62 16.54 .00 .00 16.54
MOP024 NEVADA COUNTY  18,842 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 3,390 324 44 167 167 0 0 167 167	E/DENTAL VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 17,862 \$ 931 277 654 654 0 0 654 0	EXPENDITURES  2,217,489.31 1,776,094.20 352,759.00 1,311,754.57 311,556.44 .00 .00 311,556.44 1,000,198.13	AVERAGE COST PER UNIT/DAY \$ 124.15 1907.73 1273.50 2005.74 476.39 .00 476.39 .00	MON UNITS/DAYS PER ELIG .948 \$ .049 .015 .035 .035 .000 .000	NTHLY AVERA COST PER USER 6 654.13 5481.77 8017.25 7854.82 1865.61 .00 .00 1865.61 5989.21	03/14/05  GE  COST PER ELIGIBLE \$ 117.69 94.26 18.72 69.62 16.54 .00 .00 16.54 53.08
MOP024 NEVADA COUNTY  18,842 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	### FEE-FOR-SERVICE  SUMMARY OF SERVICE  USERS  3,390 324 44 167 167 167 167 167 116	E/DENTAL VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 17,862 \$ 931 277 654 654 0 0 654 0 0	EXPENDITURES  2,217,489.31 1,776,094.20 352,759.00 1,311,754.57 311,556.44 .00 .00 311,556.44 1,000,198.13 111,580.63	AVERAGE COST PER UNIT/DAY \$ 124.15 1907.73 1273.50 2005.74 476.39 .00 476.39 .00	MON UNITS/DAYS PER ELIG .948 \$ .049 .015 .035 .035 .000 .000	NTHLY AVERA COST PER USER 654.13 5481.77 8017.25 7854.82 1865.61 .00 .00 1865.61 5989.21 961.90	03/14/05  GE  COST PER ELIGIBLE \$ 117.69 94.26 18.72 69.62 16.54 .00 .00 16.54 53.08 5.92
MOP024 NEVADA COUNTY  18,842 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	### TEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF S	E/DENTAL VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 17,862 \$ 931 277 654 654 0 0 654 0 0 0 654 0	EXPENDITURES  2,217,489.31 1,776,094.20 352,759.00 1,311,754.57 311,556.44 .00 .00 311,556.44 1,000,198.13 111,580.63	AVERAGE COST PER UNIT/DAY \$ 124.15 1907.73 1273.50 2005.74 476.39 .00 476.39 .00	MON UNITS/DAYS PER ELIG	NTHLY AVERA COST PER USER 6 654.13 5481.77 8017.25 7854.82 1865.61 .00 .00 1865.61 5989.21 961.90 .00	03/14/05  GE  COST PER ELIGIBLE \$ 117.69 94.26 18.72 69.62 16.54 .00 .00 16.54 53.08 5.92 .00
MOP024 NEVADA COUNTY  18,842 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	### TEE-FOR-SERVICE  SUMMARY OF SERVICE  USERS  3,390 324 44 167 167 167 167 116 0 3,192	E/DENTAL VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 17,862 \$ 931 277 654 654 0 0 654 0 0 16,931	EXPENDITURES  2,217,489.31 1,776,094.20 352,759.00 1,311,754.57 311,556.44 .00 .00 311,556.44 1,000,198.13 111,580.63 .00 441,395.11	AVERAGE COST PER UNIT/DAY \$ 124.15 1907.73 1273.50 2005.74 476.39 .00 476.39 .00 .00 476.39	MON UNITS/DAYS PER ELIG	NTHLY AVERA COST PER USER 6 654.13 5481.77 8017.25 7854.82 1865.61 .00 .00 1865.61 5989.21 961.90 .00 138.28	03/14/05  GE  COST PER ELIGIBLE \$ 117.69 94.26 18.72 69.62 16.54 .00 .00 16.54 53.08 5.92 .00 23.43
MOP024 NEVADA COUNTY  18,842 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 3,390 324 44 167 167 167 167 116 0 3,192 495	E/DENTAL VICES FOR PUBLIC ASSI UNITS OF SERVICE OR DAYS OF CARE 17,862 \$ 931 277 654 654 0 0 654 0 0 654 0 0 16,931 739	EXPENDITURES  2,217,489.31 1,776,094.20 352,759.00 1,311,754.57 311,556.44 .00 .00 311,556.44 1,000,198.13 111,580.63 .00 441,395.11 27,268.66	AVERAGE COST PER UNIT/DAY \$ 124.15 1907.73 1273.50 2005.74 476.39 .00 .00 476.39 .00 .00 .00	MON UNITS/DAYS PER ELIG .948 .049 .015 .035 .035 .000 .000 .000 .000 .000 .00	VTHLY AVERA  COST PER  USER  6 54.13  5481.77  8017.25  7854.82  1865.61  .00  .00  1865.61  5989.21  961.90  .00  138.28  55.09	03/14/05  GE  COST PER ELIGIBLE \$ 117.69 94.26 18.72 69.62 16.54 .00 .00 16.54 53.08 5.92 .00 23.43 1.45
MOP024 NEVADA COUNTY  18,842 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	### TEE-FOR-SERVICE  ### SUMMARY OF SERVICE  ### USERS    3,390	E/DENTAL VICES FOR PUBLIC ASSIVICES FOR PUBLIC ASSIVICE OR DAYS OF CARE 17,862 \$ 931 277 654 654 0 0 654 0 0 654 0 0 16,931 739 256	EXPENDITURES  2,217,489.31 1,776,094.20 352,759.00 1,311,754.57 311,556.44 00 00 311,556.44 1,000,198.13 111,580.63 00 441,395.11 27,268.66 8,918.60	AVERAGE COST PER UNIT/DAY \$ 124.15 1907.73 1273.50 2005.74 476.39 .00 476.39 .00 .00 476.39	MON UNITS/DAYS PER ELIG	NTHLY AVERA COST PER USER 6 654.13 5481.77 8017.25 7854.82 1865.61 .00 .00 1865.61 5989.21 961.90 .00 138.28	03/14/05  GE  COST PER ELIGIBLE \$ 117.69 94.26 18.72 69.62 16.54 .00 .00 16.54 53.08 5.92 .00 23.43
MOP024 NEVADA COUNTY  18,842 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 3,390 324 44 167 167 167 167 116 0 3,192 495	E/DENTAL VICES FOR PUBLIC ASSIMITES OF SERVICE OR DAYS OF CARE 17,862 \$ 931 277 654 654 654 0 0 654 0 0 654 0 0 16,931 739 256 5,882	EXPENDITURES  2,217,489.31 1,776,094.20 352,759.00 1,311,754.57 311,556.44 .00 .00 311,556.44 1,000,198.13 111,580.63 .00 441,395.11 27,268.66 8,918.60 69,309.87	AVERAGE COST PER UNIT/DAY \$ 124.15 1907.73 1273.50 2005.74 476.39 .00 .00 476.39 .00 .00 26.07 36.90 34.84 11.78	MON UNITS/DAYS PER ELIG .948 .049 .015 .035 .035 .000 .000 .000 .000 .000 .00	VTHLY AVERA  COST PER  USER  6 54.13 5481.77 8017.25 7854.82 1865.61 .00 .00 1865.61 5989.21 961.90 .00 138.28 55.09 37.32 53.27	03/14/05  GE  COST PER ELIGIBLE \$ 117.69 94.26 18.72 69.62 16.54 .00 .00 16.54 53.08 5.92 .00 23.43 1.45 .47 3.68
MOP024 NEVADA COUNTY  18,842 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 3,390 324 44 167 167 167 167 116 0 3,192 495 239 1,301 836	E/DENTAL VICES FOR PUBLIC ASSIMITES OF SERVICE OR DAYS OF CARE 17,862 \$ 931 277 654 654 654 0 0 654 0 0 16,931 739 256 5,882 1,374	EXPENDITURES  2,217,489.31 1,776,094.20 352,759.00 1,311,754.57 311,556.44 .00 .00 311,556.44 1,000,198.13 111,580.63 .00 441,395.11 27,268.66 8,918.60 69,309.87 120,342.18	AVERAGE COST PER UNIT/DAY \$ 124.15 1907.73 1273.50 2005.74 476.39 .00 .00 476.39 .00 .00 26.07 36.90 34.84 11.78 87.59	MON UNITS/DAYS PER ELIG	VTHLY AVERA  COST PER  USER  5 654.13 5481.77 8017.25 7854.82 1865.61 .00 .00 1865.61 5989.21 961.90 .00 138.28 55.09 37.32 53.27 143.95	03/14/05  GE  COST PER ELIGIBLE \$ 117.69 94.26 18.72 69.62 16.54 .00 .00 16.54 53.08 5.92 .00 23.43 1.45 .47 3.68 6.39
MOP024 NEVADA COUNTY  18,842 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 3,390 324 44 167 167 167 167 116 0 3,192 495 239 1,301	E/DENTAL VICES FOR PUBLIC ASSIMITES OF SERVICE OR DAYS OF CARE 17,862 \$ 931 277 654 654 654 0 0 654 0 0 654 0 0 16,931 739 256 5,882	EXPENDITURES  2,217,489.31 1,776,094.20 352,759.00 1,311,754.57 311,556.44 .00 .00 311,556.44 1,000,198.13 111,580.63 .00 441,395.11 27,268.66 8,918.60 69,309.87	AVERAGE COST PER UNIT/DAY \$ 124.15 1907.73 1273.50 2005.74 476.39 .00 .00 476.39 .00 .00 26.07 36.90 34.84 11.78	MON UNITS/DAYS PER ELIG	VTHLY AVERA  COST PER  USER  6 54.13 5481.77 8017.25 7854.82 1865.61 .00 .00 1865.61 5989.21 961.90 .00 138.28 55.09 37.32 53.27	03/14/05  GE  COST PER ELIGIBLE \$ 117.69 94.26 18.72 69.62 16.54 .00 .00 16.54 53.08 5.92 .00 23.43 1.45 .47 3.68
MOP024 NEVADA COUNTY  18,842 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 3,390 324 44 167 167 167 167 116 0 3,192 495 239 1,301 836	E/DENTAL VICES FOR PUBLIC ASSIMITES OF SERVICE OR DAYS OF CARE 17,862 \$ 931 277 654 654 654 0 0 654 0 0 16,931 739 256 5,882 1,374	EXPENDITURES  2,217,489.31 1,776,094.20 352,759.00 1,311,754.57 311,556.44 .00 .00 311,556.44 1,000,198.13 111,580.63 .00 441,395.11 27,268.66 8,918.60 69,309.87 120,342.18	AVERAGE COST PER UNIT/DAY \$ 124.15 1907.73 1273.50 2005.74 476.39 .00 .00 476.39 .00 .00 26.07 36.90 34.84 11.78 87.59	MON UNITS/DAYS PER ELIG	VTHLY AVERA  COST PER  USER  5 654.13 5481.77 8017.25 7854.82 1865.61 .00 .00 1865.61 5989.21 961.90 .00 138.28 55.09 37.32 53.27 143.95	03/14/05  GE  COST PER ELIGIBLE \$ 117.69 94.26 18.72 69.62 16.54 .00 .00 16.54 53.08 5.92 .00 23.43 1.45 .47 3.68 6.39
MOP024 NEVADA COUNTY  18,842 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  3,390 324 44 167 167 167 167 116 0 3,192 495 239 1,301 836 1,297	E/DENTAL VICES FOR PUBLIC ASSIMITES OF SERVICE OR DAYS OF CARE 17,862 \$ 931 277 654 654 654 0 0 654 0 0 654 0 0 16,931 739 256 5,882 1,374 1,965	EXPENDITURES  2,217,489.31 1,776,094.20 352,759.00 1,311,754.57 311,556.44 .00 .00 311,556.44 1,000,198.13 111,580.63 .00 441,395.11 27,268.66 8,918.60 69,309.87 120,342.18 78,178.63	AVERAGE COST PER UNIT/DAY \$ 124.15 1907.73 1273.50 2005.74 476.39 .00 .00 476.39 .00 .00 26.07 36.90 34.84 11.78 87.59 39.79	MON UNITS/DAYS PER ELIG	NTHLY AVERA COST PER USER 5 654.13 5481.77 8017.25 7854.82 1865.61 .00 .00 1865.61 5989.21 961.90 .00 138.28 55.09 37.32 53.27 143.95 60.28 87.17	03/14/05  GE  COST PER ELIGIBLE \$ 117.69 94.26 18.72 69.62 16.54 .00 .00 16.54 53.08 5.92 .00 23.43 1.45 .47 3.68 6.39 4.15 7.29
MOP024 NEVADA COUNTY  18,842 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  3,390 324 44 167 167 0 0 167 167 116 0 3,192 495 239 1,301 836 1,297 1,576	E/DENTAL VICES FOR PUBLIC ASSIMITES OF SERVICE OR DAYS OF CARE 17,862 \$ 931 277 654 654 654 0 0 654 0 0 0 16,931 739 256 5,882 1,374 1,965 6,715	EXPENDITURES  2,217,489.31 1,776,094.20 352,759.00 1,311,754.57 311,556.44 .00 .00 311,556.44 1,000,198.13 111,580.63 .00 441,395.11 27,268.66 8,918.60 69,309.87 120,342.18 78,178.63 137,377.17	AVERAGE COST PER UNIT/DAY \$ 124.15 1907.73 1273.50 2005.74 476.39 .00 .00 476.39 .00 .00 26.07 36.90 34.84 11.78 87.59 39.79 20.46	MON UNITS/DAYS PER ELIG	NTHLY AVERA COST PER USER 5 654.13 5481.77 8017.25 7854.82 1865.61 .00 .00 1865.61 5989.21 961.90 .00 138.28 55.09 37.32 53.27 143.95 60.28 87.17	03/14/05  GE  COST PER ELIGIBLE \$ 117.69 94.26 18.72 69.62 16.54 .00 .00 16.54 53.08 5.92 .00 23.43 1.45 .47 3.68 6.39 4.15 7.29
MOP024 NEVADA COUNTY  18,842 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	### TEE-FOR-SERVICE ### SUMMARY OF SERVICE ### USERS    3,390	E/DENTAL VICES FOR PUBLIC ASSIMITES OF SERVICE OR DAYS OF CARE 17,862 \$ 931 277 654 654 654 0 0 654 0 0 0 654 0 0 0 16,931 739 256 5,882 1,374 1,965 6,715 0 \$	EXPENDITURES  2,217,489.31 1,776,094.20 352,759.00 1,311,754.57 311,556.44 .00 .00 311,556.44 1,000,198.13 111,580.63 .00 441,395.11 27,268.66 8,918.60 69,309.87 120,342.18 78,178.63 137,377.17	AVERAGE COST PER UNIT/DAY \$ 124.15 1907.73 1273.50 2005.74 476.39 .00 .00 476.39 .00 .00 26.07 36.90 34.84 11.78 87.59 39.79 20.46 \$ .00	MON UNITS/DAYS PER ELIG	NTHLY AVERA COST PER USER 5 654.13 5481.77 8017.25 7854.82 1865.61 .00 .00 1865.61 5989.21 961.90 .00 138.28 55.09 37.32 53.27 143.95 60.28 87.17	03/14/05  GE COST PER ELIGIBLE \$ 117.69     94.26     18.72     69.62     16.54     .00     .00     16.54     53.08     5.92     .00     23.43     1.45     .47     3.68     6.39     4.15     7.29     \$.00
MOP024 NEVADA COUNTY  18,842 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL MENTALLY ILL	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 3,390 324 44 167 167 167 116 0 3,192 495 239 1,301 836 1,297 1,576 0	E/DENTAL VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE  17,862 \$ 931 277 654 654 654 0 0 0 654 0 0 16,931 739 256 5,882 1,374 1,965 6,715 0 \$ 0	EXPENDITURES  2,217,489.31 1,776,094.20 352,759.00 1,311,754.57 311,556.44 .00 .00 311,556.44 1,000,198.13 111,580.63 .00 441,395.11 27,268.66 8,918.60 69,309.87 120,342.18 78,178.63 137,377.17 .00 .00	AVERAGE COST PER UNIT/DAY \$ 124.15 1907.73 1273.50 2005.74 476.39 .00 .00 476.39 .00 .00 476.39 .00 .00 476.39 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MON UNITS/DAYS PER ELIG .948 \$ .049 .015 .035 .000 .000 .000 .000 .000 .000 .00	NTHLY AVERA COST PER USER 654.13 5481.77 8017.25 7854.82 1865.61 .00 .00 1865.61 5989.21 961.90 .00 138.28 55.09 37.32 53.27 143.95 60.28 87.17 .00 .00	03/14/05  GE  COST PER ELIGIBLE \$ 117.69     94.26     18.72     69.62     16.54     .00     .00     16.54     53.08     5.92     .00     23.43     1.45     .47     3.68     6.39     4.15     7.29     .00     .00     .00     .00

LEV A-INTERMEDIATE

0

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.00

LEV B-REHAB MD	11	312		39,099.84	ļ	125.32	.017		3554.53		2.08
LEV B-SUBACUTE FREESTANDING	0	0		.00	)	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	)	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	)	.00	.000		.00		.00
LEV B-REGULAR	147	3 <b>,</b> 755		505,108.86	5	134.52	.199		3436.11		26.81
@INTERMEDIATE CARE FACILDD	0	0	\$	2,693.46	\$	.00	.000	\$	.00	\$	.14
ICF DDH	0	0		.00	)	.00	.000		.00		.00
ICF DD	0	0		.00	)	.00	.000		.00		.00
ICF DDN/DDCN	0	0		2,693.46	5	.00	.000		.00		.14
@HEMODIALYSIS TOTAL	77	4,042	\$	122,202.52	\$	30.23	.215	\$	1587.05	\$	6.49
HOSPITAL BASED	0	0		.00	)	.00	.000		.00		.00
HEMODIALYSIS CENTER	77	4,042		122,202.52	2	30.23	.215		1587.05		6.49
@REHABILITATION FACILITY	31	447	\$	6,898.61	. \$	15.43	.024	\$	222.54	\$	.37
HOSPITAL BASED	2	2CR		26.10	)	13.05CR	.000		13.05		.00
INDEPENDENT FACILITY	29	449		6,872.51	-	15.31	.024		236.98		.36
@LABORATORY FACILITY	420	1,483	\$	18,574.64	\$	12.53	.079	\$	44.23	\$	.99
PATHOLOGY	414	1,457		18,392.88		12.62	.077		44.43		.98
XO AND OTHERS	6	26		181.76	5	6.99	.001		30.29		.01
@ORGANIZED OUTPATIENT CLINIC	1,928	3,184	\$	335,050.14	ļ \$	105.23	.169	\$	173.78	\$	17.78
CLINIC	495	766		22,801.24	Į.	29.77	.041		46.06		1.21
SURGICENTER	9	34		1,679.55	<u>,                                      </u>	49.40	.002		186.62		.09
HEROIN DETOX CLINIC	0	0		.00	)	.00	.000		.00		.00
RURAL HEALTH CLINIC	1,437	2,384		310,569.35	5	130.27	.127		216.12		16.48
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUE	RES MONTH-	OF-PAYMENT	REPORT	FOR JAN 2004	THRU	DEC	2004	PA	GE 9,044
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR	PUBLIC	ASSISTANC	CE - DISABLE	ED						

NEVADA COUNTI	SUMMAKI OF SEK	VICES FOR FUBLIC ASSIS	STANCE - DISABLED				
					MON		-
18,842 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	2,222	125,930 \$	784 <b>,</b> 791.57	\$ 6.23	6.683 \$		•
DURABLE MED. EQUIP.	261	904	113,838.81	125.93	.048	436.16	6.04
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	21	28	3,814.28	136.22	.001	181.63	.20
MEDICAL TRANSPORTATION	237	3,366	52 <b>,</b> 994.03	15.74	.179	223.60	2.81
AMBULANCES/AIR TRANS	220	2 <b>,</b> 720	40,881.57	15.03	.144	185.83	2.17
OTHER TRANS	15	515	1,101.75	2.14	.027	73.45	.06
OTHER SERVICES	15	131	11,010.71	84.05	.007	734.05	.58
ACUPUNCTURE	6	13	222.83	17.14	.001	37.14	.01
ADULT DAY HEALTH CARE CTR	178	2 <b>,</b> 131	148,274.98	69.58	.113	833.01	7.87
GENETIC DISEASE TESTING	3	3	315.00	105.00	.000	105.00	.02
IHMC, MODEL-NF, NF, AIDS, MSSP	45	9 <b>,</b> 126	234,035.00	25.64	.484	5200.78	12.42
OCCUPATIONAL THERAPIST	1	25	514.74	20.59	.001	514.74	.03
OPTICIAN	358	836	8,393.69	10.04	.044	23.45	.45
PHYSICAL THERAPIST	3	26	306.27	11.78	.001	102.09	.02
PORTABLE X-RAY	16	43	850.30	19.77	.002	53.14	.05
PROSTHETIST/ORTHOTISTS	67	227	29,781.10	131.19	.012	444.49	1.58
PROSTHETICS	67	227	29,781.10	131.19	.012	444.49	1.58
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	3	4	569.95	142.49	.000	189.98	.03
SPEECH AND AUDIOLOGY	31	104	4,384.52	42.16	.006	141.44	.23
HOSPICE SERVICES	12	131	17,995.24	137.37	.007	1499.60	.96
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	415	26,097	100,913.91	3.87	1.385	243.17	5.36
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	716	82 <b>,</b> 866		67 <b>,</b> 586.92	.82	4.398	94.40	3.59
@CALIF. CHILDREN SERVICES*	220	11,648	\$	209,016.13	\$ 17.94	.618	\$ 950.07 \$	11.09
@XOVER EXCLUDING STATE HOSP**	2,386	29 <b>,</b> 850	\$	343,381.49	\$ 11.50	1.584	\$ 143.92 \$	18.22
@* TOTALS IN THESE LINES ARE GIVEN	I AS A SEPARATE	INFORMATION	ITEM ONLY;					

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,045
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

1111 111111 0001111	DOMINICI OF DELC	VICUO ION IODDIC .	110010	11111011 111111111111111111111111111111					
						MO	NTHLY AVERA	4GE	
16,233 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	8,819	45,716	\$	2,211,275.90	\$ 48.37	2.816	\$ 250.74	\$	136.22
@PHYSICIANS SERVICES	3 <b>,</b> 585	9,105	\$	317,948.38	\$ 34.92	.561	\$ 88.69	\$	19.59
OUTPATIENT VISITS	2,908	3,922		147,032.54	37.49	.242	50.56		9.06
OFFICE VISITS	1,926	2,486		76,362.35	30.72	.153	39.65		4.70
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	1,135	1,340		66,343.43	49.51	.083	58.45		4.09
PREVENTIVE CARE	4	4		176.74	44.19	.000	44.19		.01
OB VISITS/COMPRE PERI	20	25		2,013.38	80.54	.002	100.67		.12
OTHER OUTPATIENT	59	67		2,136.64	31.89	.004	36.21		.13
INPATIENT VISITS	95	297		20,962.91	70.58	.018	220.66		1.29
HOSPITAL VISITS	90	210		10,339.55	49.24	.013	114.88		.64
CRITICAL CARE	12	87		10,623.36	122.11	.005	885.28		.65
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	45	53		2,238.93	42.24	.003	49.75		.14
EXAMINATIONS	44	52		2,232.93	42.94	.003	50.75		.14
SERVICES AND MATERIALS	1	1		6.00	6.00	.000	6.00		.00
INPATIENT HOSPITAL SURGERY	72	640		32 <b>,</b> 069.58	50.11	.039	445.41		1.98
PRINCIPAL SURGEON	48	67		25,446.85	379.80	.004	530.14		1.57
ASSISTANT SURGEON	4	3		520.80	173.60	.000	130.20		.03
ANESTHESIOLOGIST	30	570		6,101.93	10.71	.035	203.40		.38

OUTPATIENT SURGERY	320	1,171		43,310.72	36.99	.072	135.35		2.67
PRINCIPAL SURGEON	279	337		35,149.82	104.30	.021	125.99		2.17
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	61	834		8,160.90	9.79	.051	133.79		.50
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	302	469		7,473.07	15.93	.029	24.75		.46
RADIOLOGY	735	1,074		26,751.44	24.91	.066	36.40		1.65
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	65	136		6,724.40	49.44	.008	103.45		.41
OTHER SERVICES/ALL X-OVERS	378	1,343		31,384.79	23.37	.083	83.03		1.93
@PHARMACY	3,935	10,459	\$	539,273.45		.644		\$	33.22
PRESCRIPTION DRUGS	3,920	8,778	•	534,635.23	60.91	.541	136.39		32.94
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	3,920	8,778		534,635.23	60.91	.541	136.39		32.94
MEDICAL SUPPLIES	93	1,681		4,638.22	2.76	.104	49.87		.29
@DENTIST	722	3,341	\$	110,758.64		.206	\$ 153.41	\$	6.82
VISITS - DIAGNOSTIC	524	2,160		35,913.09	16.63	.133	68.54		2.21
ORAL SURGERY	93	230		15,253.00	66.32	.014	164.01		.94
DRUGS	35	42		970.00	23.10	.003	27.71		.06
ANESTHESIA	6	6		525.00	87.50	.000	87.50		.03
PERIODONTICS	5	5		291.00	58.20	.000	58.20		.02
ENDODONTICS	50	102		12,629.25	123.82	.006	252.59		.78
RESTORATIVE DENTISTRY	254	696		38,678.30	55.57	.043	152.28		2.38
PROSTHETICS	1	1		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	10	25		2,692.00	107.68	.002	269.20		.17
SPACE MAINTAINERS	5	5		582.00	116.40	.000	116.40		.04
MAXILLOFACIAL SERVICES	1	1		50.00	50.00	.000	50.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	32	61		3,025.00	49.59	.004	94.53		.19
ALL OTHER SERVICES	20	7		150.00	21.43	.000	7.50		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITUR	RES I	MONTH-OF-PAYMENT RE	PORT FOR JAN 2	2004 THRU D	EC 2004	PI	AGE 9,046
MOP024	FEE-FOR-SERVICE	E/DENTAL							03/14/05
NEVADA COUNTY	SUMMARY OF SERV	VICES FOR PUBLIC	ASS	ISTANCE - FAMILIES					
						MOI	NTHLY AVERA	GE -	
16,233 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST		COST PER	(	COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	184	560	\$	12,579.96	\$ 22.46	.034		\$	.77
DIAGNOSTIC AND ANC. PROCED	144	148		6,380.33	43.11	.009	44.31		.39
EYE APPLIANCES	142	412		6,199.63	15.05	.025	43.66		.38
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00

USERS	UNITS OF SERVICE	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
	OR DAYS OF CAR	C		ΡE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
184	560	\$	12,579.96	\$	22.46	.034	\$	68.37	\$	.77
144	148		6,380.33		43.11	.009		44.31		.39
142	412		6,199.63		15.05	.025		43.66		.38
0	0		.00		.00	.000		.00		.00
100	173	\$	2,838.22	\$	16.41	.011	\$	28.38	\$	.17
100	173		2,838.22		16.41	.011		28.38		.17
0	0		.00		.00	.000		.00		.00
26	33	\$	1,006.47	\$	30.50	.002	\$	38.71	\$	.06
26	30		960.45		32.02	.002		36.94		.06
2	2		27.00		13.50	.000		13.50		.00
1	1		19.02		19.02	.000		19.02		.00
0	0		.00		.00	.000		.00		.00
13	40	\$	2,568.37	\$	64.21	.002	\$	197.57	\$	.16
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
11	76	\$	4,905.79	\$	64.55	.005	\$	445.98	\$	.30
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
66	86	\$	2,116.29	\$	24.61	.005	\$	32.07	\$	.13
2,125	9,441	\$	864,504.64	\$	91.57	.582	\$	406.83	\$	53.26
100	384		607,499.40		1582.03	.024		6074.99		37.42
19	123		169,851.03		1380.90	.008		8939.53		10.46
	184 144 142 0 100 100 0 26 26 2 1 0 13 0 11 0 66 2,125 100	OR DAYS OF CARE  184 560 \$ 12,579.96 \$ 144 148 6,380.33 142 412 6,199.63 0 0 0 0 0 100 173 \$ 2,838.22 \$ 100 0 26 33 \$ 1,006.47 \$ 26 30 960.45 2 2 2 2 27.00 1 1 1 1 19.02 0 0 13 40 \$ 2,568.37 \$ 0 0 \$ 11 76 \$ 4,905.79 \$ 0 0 \$ 11 76 \$ 4,905.79 \$ 0 0 \$ 2,125 9,441 \$ 864,504.64 \$ 100 384 607,499.40	OR DAYS OF CARE         PER UNIT/DAY           184         560         \$ 12,579.96         \$ 22.46           144         148         6,380.33         43.11           142         412         6,199.63         15.05           0         0         .00         .00           100         173         \$ 2,838.22         \$ 16.41           100         173         2,838.22         \$ 16.41           0         0         .00         .00           26         33         \$ 1,006.47         \$ 30.50           26         30         960.45         32.02           2         2         27.00         13.50           1         1         19.02         19.02           0         0         .00         .00           13         40         \$ 2,568.37         \$ 64.21           0         0         .00         .00           11         76         \$ 4,905.79         \$ 64.55           0         0         .00         .00           11         76         \$ 4,905.79         \$ 64.55           0         0         .00         .00           0         \$ .00 </td <td>OR DAYS OF CARE         PER UNIT/DAY         PER ELIG           184         560         \$         12,579.96         \$         22.46         .034           144         148         6,380.33         43.11         .009           142         412         6,199.63         15.05         .025           0         0         .00         .00         .00           100         173         \$         2,838.22         \$         16.41         .011           100         173         2,838.22         \$         16.41         .011           0         0         .00         .00         .000           26         33         \$         1,006.47         \$         30.50         .002           26         30         960.45         32.02         .002           2         2         2         27.00         13.50         .000           0         0         .00         .00         .000         .000           1         1         19.02         19.02         .000           0         0         .00         .00         .000         .000           1         1         19.02         .00<td>OR DAYS OF CARE         PER UNIT/DAY         PER ELIG           184         560         \$         12,579.96         \$         22.46         .034         \$           144         148         6,380.33         43.11         .009         .009         .025         .025         .000<!--</td--><td>OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           184         560         \$ 12,579.96         \$ 22.46         .034         \$ 68.37           144         148         6,380.33         43.11         .009         44.31           142         412         6,199.63         15.05         .025         43.66           0         0         .00         .00         .000         .000         .000           100         173         \$ 2,838.22         \$ 16.41         .011         \$ 28.38           100         173         2,838.22         \$ 16.41         .011         28.38           100         0         .00         .00         .000         .000         .00           26         33         \$ 1,006.47         \$ 30.50         .002         \$ 38.71           26         30         960.45         32.02         .002         36.94           2         2         27.00         13.50         .000         13.50           1         1         19.02         19.02         .000         19.02           0         0         .00         .00         .00         .00         .00           13<!--</td--><td>OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           184         560         \$ 12,579.96         \$ 22.46         .034         \$ 68.37         \$ 144           144         148         6,380.33         43.11         .009         44.31         43.11           142         412         6,199.63         15.05         .025         43.66         .00           0         0         .00         .00         .000         .000         .000         .00           100         173         \$ 2,838.22         \$ 16.41         .011         28.38         \$ 100         .00         &lt;</td></td></td></td>	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG           184         560         \$         12,579.96         \$         22.46         .034           144         148         6,380.33         43.11         .009           142         412         6,199.63         15.05         .025           0         0         .00         .00         .00           100         173         \$         2,838.22         \$         16.41         .011           100         173         2,838.22         \$         16.41         .011           0         0         .00         .00         .000           26         33         \$         1,006.47         \$         30.50         .002           26         30         960.45         32.02         .002           2         2         2         27.00         13.50         .000           0         0         .00         .00         .000         .000           1         1         19.02         19.02         .000           0         0         .00         .00         .000         .000           1         1         19.02         .00 <td>OR DAYS OF CARE         PER UNIT/DAY         PER ELIG           184         560         \$         12,579.96         \$         22.46         .034         \$           144         148         6,380.33         43.11         .009         .009         .025         .025         .000<!--</td--><td>OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           184         560         \$ 12,579.96         \$ 22.46         .034         \$ 68.37           144         148         6,380.33         43.11         .009         44.31           142         412         6,199.63         15.05         .025         43.66           0         0         .00         .00         .000         .000         .000           100         173         \$ 2,838.22         \$ 16.41         .011         \$ 28.38           100         173         2,838.22         \$ 16.41         .011         28.38           100         0         .00         .00         .000         .000         .00           26         33         \$ 1,006.47         \$ 30.50         .002         \$ 38.71           26         30         960.45         32.02         .002         36.94           2         2         27.00         13.50         .000         13.50           1         1         19.02         19.02         .000         19.02           0         0         .00         .00         .00         .00         .00           13<!--</td--><td>OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           184         560         \$ 12,579.96         \$ 22.46         .034         \$ 68.37         \$ 144           144         148         6,380.33         43.11         .009         44.31         43.11           142         412         6,199.63         15.05         .025         43.66         .00           0         0         .00         .00         .000         .000         .000         .00           100         173         \$ 2,838.22         \$ 16.41         .011         28.38         \$ 100         .00         &lt;</td></td></td>	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG           184         560         \$         12,579.96         \$         22.46         .034         \$           144         148         6,380.33         43.11         .009         .009         .025         .025         .000 </td <td>OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           184         560         \$ 12,579.96         \$ 22.46         .034         \$ 68.37           144         148         6,380.33         43.11         .009         44.31           142         412         6,199.63         15.05         .025         43.66           0         0         .00         .00         .000         .000         .000           100         173         \$ 2,838.22         \$ 16.41         .011         \$ 28.38           100         173         2,838.22         \$ 16.41         .011         28.38           100         0         .00         .00         .000         .000         .00           26         33         \$ 1,006.47         \$ 30.50         .002         \$ 38.71           26         30         960.45         32.02         .002         36.94           2         2         27.00         13.50         .000         13.50           1         1         19.02         19.02         .000         19.02           0         0         .00         .00         .00         .00         .00           13<!--</td--><td>OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           184         560         \$ 12,579.96         \$ 22.46         .034         \$ 68.37         \$ 144           144         148         6,380.33         43.11         .009         44.31         43.11           142         412         6,199.63         15.05         .025         43.66         .00           0         0         .00         .00         .000         .000         .000         .00           100         173         \$ 2,838.22         \$ 16.41         .011         28.38         \$ 100         .00         &lt;</td></td>	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           184         560         \$ 12,579.96         \$ 22.46         .034         \$ 68.37           144         148         6,380.33         43.11         .009         44.31           142         412         6,199.63         15.05         .025         43.66           0         0         .00         .00         .000         .000         .000           100         173         \$ 2,838.22         \$ 16.41         .011         \$ 28.38           100         173         2,838.22         \$ 16.41         .011         28.38           100         0         .00         .00         .000         .000         .00           26         33         \$ 1,006.47         \$ 30.50         .002         \$ 38.71           26         30         960.45         32.02         .002         36.94           2         2         27.00         13.50         .000         13.50           1         1         19.02         19.02         .000         19.02           0         0         .00         .00         .00         .00         .00           13 </td <td>OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           184         560         \$ 12,579.96         \$ 22.46         .034         \$ 68.37         \$ 144           144         148         6,380.33         43.11         .009         44.31         43.11           142         412         6,199.63         15.05         .025         43.66         .00           0         0         .00         .00         .000         .000         .000         .00           100         173         \$ 2,838.22         \$ 16.41         .011         28.38         \$ 100         .00         &lt;</td>	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           184         560         \$ 12,579.96         \$ 22.46         .034         \$ 68.37         \$ 144           144         148         6,380.33         43.11         .009         44.31         43.11           142         412         6,199.63         15.05         .025         43.66         .00           0         0         .00         .00         .000         .000         .000         .00           100         173         \$ 2,838.22         \$ 16.41         .011         28.38         \$ 100         .00         <			

16 000									M	IONTI	HLY AVERA	.GE	
NEVADA COUNTY	SUMMARY OF SERVICES F	OR PUBLIC	2 ASS	ISTANCE -	- FAMILIES								
	FEE-FOR-SERVICE/DENTA												03/14/05
	MEDI-CAL SERVICES AND		JRES	MONTH-OF-	-PAYMENT R	EPORT.	FOR JAN	2004 1	'HRU	DEC	2004	PAC	SE 9,047
CROSSOVERS/ALL OTH OUTPTNT		7			82.62		11.80		.000		27.54		.01
ROOM USE	4	7			362.86		51.84		.000		90.72		.02
RADIOLOGY	1	1			39.01		39.01		.000		39.01		.00
PATHOLOGY	2	13			231.58		17.81		.001		115.79		.01
SURGERY	3	4			304.03		76.01		.000		101.34		.02
MEDICAL	1	2			164.87		82.44		.000		164.87		.01
CO HOSP OUTPATIENT TOTAL	6	34			1,184.97		34.85		.002		197.50		.07
ALL OTHER INPATIENT	0	0			.00		.00		.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00		.000		.00		.00
ANCILLARIES	0	0			.00		.00		.000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00		.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00		.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00		.000		.00		.00
ACCOMMODATIONS	0	0			.00		.00		.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0			.00		.00		.000		.00		.00
HSC HOSPITALS	0	0			.00		.00		.000		.00		.00
CO HOSPITAL INPATIENT TOTAL	0	0			.00		.00		.000		.00		.00
@COUNTY HOSPITAL TOTAL	6	34	\$		1,184.97	\$	34.85		.002	\$	197.50	\$	.07
CROSSOVERS/ALL OTH OUTPINT	867	2,638		Į	57,637.86		21.85		.163		66.48		3.55
ROOM USE	1,426	1,882			73,772.66		39.20		.116		51.73		4.54
RADIOLOGY	633	840			51,613.72		61.44		.052		81.54		3.18
PATHOLOGY	780	2,985			37,138.42		12.44		.184		47.61		2.29
SURGERY	244	262			7,467.90		28.50		.016		30.61		.46
MEDICAL	339	450		,	29,374.68		65.28		.028		86.65		1.81
HOSP OUTPATIENT TOTAL	2,082	9,057		2.5	57,005.24		28.38		.558		123.44		15.83
ALL OTHER INPATIENT	0	0			.00		.00		.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00		.000		.00		.00
ANCILLARIES	81	0			34,723.25		.00		.000		4132.39		20.62
ALL OTHER ACCOM	81	261		10	02,925.12		394.35		.016		1270.68		6.34
TRANSITIONAL IP CARE	0	0			.00		.00		.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00		.000		.00		.00
ACCOMMODATIONS	81	261			02,925.12		394.35		.016		1270.68		6.34
NON-HSC HOSPITAL TOTAL	81	261		4.3	37,648.37		1676.81		.016		5403.07		26.96

16,233 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,120	9,407 \$	863,319.67	\$ 91.77	.579 \$		
COMM HOSP INPATIENT TOTAL	100	384	607,499.40	1582.03	.024	6074.99	37.42
HSC HOSPITALS	19	123	169,851.03	1380.90	.008	8939.53	10.46
NON-HSC HOSPITALS TOTAL	81	261	437,648.37	1676.81	.016	5403.07	26.96
ACCOMMODATIONS	81	261	102,925.12	394.35	.016	1270.68	6.34
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	81	261	102,925.12	394.35	.016	1270.68	6.34
ANCILLARIES	81	0	334,723.25	.00	.000	4132.39	20.62
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,077	9,023	255,820.27	28.35	.556	123.17	15.76
MEDICAL	338	448	29,209.81	65.20	.028	86.42	1.80
SURGERY	241	258	7,163.87	27.77	.016	29.73	. 44
PATHOLOGY	778	2,972	36,906.84	12.42	.183	47.44	2.27
RADIOLOGY	632	839	51,574.71	61.47	.052	81.61	3.18
ROOM USE	1,422	1,875	73,409.80	39.15	.116	51.62	4.52

CROSSOVERS/ALL OTH OUTPTNT	864	2 <b>,</b> 631		57 <b>,</b> 555.24		21.88	.162		66.61		3.55
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	Ċ	.00	Ċ	.00
	0	0	Y	.00	Ÿ			Y	.00	Y	
LEV A-INTERMEDIATE	•	•				.00	.000				.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0	7	.00	7	.00	.000	-T	.00	4	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
, -	0	0	Ċ		Ċ			Ċ		Ċ	
@HEMODIALYSIS TOTAL	•		\$	.00	\$	.00	.000	\$	.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	48	\$	673.20	\$	14.03	.003	\$	673.20	\$	.04
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	1	48		673.20		14.03	.003		673.20		.04
@LABORATORY FACILITY	258	530	\$	9,402.46	\$	17.74	.033	\$	36.44	\$	.58
PATHOLOGY	258	530 530		9,402.46		17.74	.033		36.44	·	.58
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC		2 498	\$	263,702.90	Ċ			Ċ	170.24	Ċ	16.24
CLINIC CLINIC	653	0 2,498 1,086	٧	34,174.17		31.47	.067	Y	52.33	Ÿ	2.11
	9	51							188.19		
SURGICENTER				1,693.75		33.21	.003				.10
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
	903	1,361		227,834.98		167.40	.084		252.31		14.04
#CALIF DEPT OF HEALTH SERV	903 MEDI-CAL SERVI	1,361 CES AND EXPENDITU	JRES M			167.40	.084	DEC	252.31	PA	AGE 9,048
	903	1,361 CES AND EXPENDITU	JRES MO	227,834.98		167.40	.084	DEC	252.31	P <i>P</i>	
#CALIF DEPT OF HEALTH SERV	903 MEDI-CAL SERVIC FEE-FOR-SERVIC	1,361 CES AND EXPENDITU E/DENTAL		227,834.98		167.40	.084	DEC	252.31	PA	AGE 9,048
#CALIF DEPT OF HEALTH SERV MOP024	903 MEDI-CAL SERVIC FEE-FOR-SERVIC	1,361 CES AND EXPENDITU E/DENTAL		227,834.98 ONTH-OF-PAYMENT RE		167.40	.084		252.31 2004		GE 9,048 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY	903 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER	1,361 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC	C ASSI	227,834.98 ONTH-OF-PAYMENT RE	EPORT	167.40 FOR JAN	.084 2004 THRU	IONT	252.31 2004 HLY AVERA	GE -	GE 9,048 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  16,233 ELIGIBLES	903 MEDI-CAL SERVIC FEE-FOR-SERVICI SUMMARY OF SERV	1,361 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC	C ASSI	227,834.98 ONTH-OF-PAYMENT RE	EPORT AVE	167.40 FOR JAN	.084 2004 THRU M UNITS/DAY	IONT S	252.31 2004 HLY AVERA COST PER	.GE -	AGE 9,048 03/14/05 
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  16,233 ELIGIBLES	903 MEDI-CAL SERVIC FEE-FOR-SERVICI SUMMARY OF SERV	1,361 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR	C ASSI: CE RE	227,834.98 ONTH-OF-PAYMENT RE STANCE - FAMILIES EXPENDITURES	EPORT AVE PER	167.40 FOR JAN RAGE COST UNIT/DAY	.084 2004 THRU M UNITS/DAY PER ELIG	IONT S	252.31 2004 HLY AVERA COST PER USER	GE - C	AGE 9,048 03/14/05 COST PER CLIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  16,233 ELIGIBLES @ALL OTHER PROVIDERS	903 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,012	1,361 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 9,326	C ASSI: CE RE	227,834.98 ONTH-OF-PAYMENT RE STANCE - FAMILIES EXPENDITURES 78,997.13	EPORT AVE	167.40 FOR JAN RAGE COST UNIT/DAY 8.47	.084 2004 THRU M UNITS/DAY PER ELIG .575	IONT S	252.31 2004 HLY AVERA COST PER USER 78.06	GE - C	AGE 9,048 03/14/05  COST PER GLIGIBLE 4.87
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  16,233 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	903 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,012 37	1,361 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 9,326 67	C ASSI: CE RE	227,834.98 ONTH-OF-PAYMENT RE STANCE - FAMILIES EXPENDITURES 78,997.13 5,677.55	EPORT AVE PER	167.40 FOR JAN RAGE COST UNIT/DAY 8.47 84.74	.084 2004 THRU  M UNITS/DAY PER ELIG .575 .004	IONT S	252.31 2004 HLY AVERA COST PER USER 78.06 153.45	GE - C	AGE 9,048 03/14/05  COST PER CLIGIBLE 4.87 .35
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  16,233 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	903 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  1,012 37 0	1,361 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 9,326 67 0	C ASSI: CE RE	227,834.98 ONTH-OF-PAYMENT RE STANCE - FAMILIES EXPENDITURES 78,997.13 5,677.55 .00	EPORT AVE PER	167.40 FOR JAN RAGE COST UNIT/DAY 8.47 84.74 .00	.084 2004 THRU M UNITS/DAY PER ELIG .575 .004 .000	IONT S	252.31 2004 HLY AVERA COST PER USER 78.06 153.45 .00	GE - C	AGE 9,048 03/14/05  COST PER GLIGIBLE 4.87 .35 .00
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  16,233 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	903 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  1,012 37 0	1,361 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 9,326 67 0 0	C ASSI: CE RE	227,834.98 ONTH-OF-PAYMENT RE STANCE - FAMILIES EXPENDITURES 78,997.13 5,677.55 .00 .00	EPORT AVE PER	167.40 FOR JAN RAGE COST UNIT/DAY 8.47 84.74 .00 .00	.084 2004 THRU M UNITS/DAY PER ELIG .575 .004 .000 .000	IONT S	252.31 2004 HLY AVERA COST PER USER 78.06 153.45 .00 .00	GE - C	AGE 9,048 03/14/05  COST PER GLIGIBLE 4.87 .35 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  16,233 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	903 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  1,012 37 0 0 90	1,361 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 9,326 67 0 0 820	C ASSI: CE RE	227,834.98 ONTH-OF-PAYMENT RE STANCE - FAMILIES  EXPENDITURES  78,997.13 5,677.55 .00 .00 20,802.71	EPORT AVE PER	167.40 FOR JAN  RAGE COST UNIT/DAY 8.47 84.74 .00 .00 25.37	.084 2004 THRU M UNITS/DAY PER ELIG .575 .004 .000 .000	IONT S	252.31 2004 HLY AVERA COST PER USER 78.06 153.45 .00 .00 231.14	GE - C	AGE 9,048 03/14/05 COST PER CLIGIBLE 4.87 .35 .00 .00 1.28
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  16,233 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	903 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  1,012 37 0 0 90 90	1,361 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 9,326 67 0 0 820 816	C ASSI: CE RE	227,834.98 ONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 78,997.13 5,677.55 .00 .00 20,802.71 13,602.71	EPORT AVE PER	167.40 FOR JAN  RAGE COST UNIT/DAY 8.47 84.74 .00 .00 25.37 16.67	.084 2004 THRU M UNITS/DAY PER ELIG .575 .004 .000 .000 .051 .050	IONT S	252.31 2004 HLY AVERA COST PER USER 78.06 153.45 .00 .00 231.14 151.14	GE - C	AGE 9,048 03/14/05 COST PER CLIGIBLE 4.87 .35 .00 .00 1.28 .84
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  16,233 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	903 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  1,012 37 0 0 90	1,361 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 9,326 67 0 0 820	C ASSI: CE RE	227,834.98 ONTH-OF-PAYMENT RE STANCE - FAMILIES  EXPENDITURES  78,997.13 5,677.55 .00 .00 20,802.71 13,602.71 .00	EPORT AVE PER \$	167.40 FOR JAN  RAGE COST UNIT/DAY 8.47 84.74 .00 .00 25.37 16.67 .00	.084 2004 THRU M UNITS/DAY PER ELIG .575 .004 .000 .000	IONT S	252.31 2004 HLY AVERA COST PER USER 78.06 153.45 .00 .00 231.14 151.14 .00	GE - C	AGE 9,048 03/14/05 COST PER CLIGIBLE 4.87 .35 .00 .00 1.28
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  16,233 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	903 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE 37 0 0 90 90 90 4	1,361 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 9,326 67 0 0 820 816 0 4	C ASSI: CE RE	227,834.98 ONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 78,997.13 5,677.55 .00 .00 20,802.71 13,602.71	EPORT AVE PER \$	167.40 FOR JAN  RAGE COST UNIT/DAY 8.47 84.74 .00 .00 25.37 16.67	.084 2004 THRU M UNITS/DAY PER ELIG .575 .004 .000 .000 .051 .050	IONT S	252.31 2004 HLY AVERA COST PER USER 78.06 153.45 .00 .00 231.14 151.14	GE - C	AGE 9,048 03/14/05 COST PER CLIGIBLE 4.87 .35 .00 .00 1.28 .84
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  16,233 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	903 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  1,012 37 0 0 90 90	1,361 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 9,326 67 0 0 820 816	C ASSI: CE RE	227,834.98 ONTH-OF-PAYMENT RE STANCE - FAMILIES  EXPENDITURES  78,997.13 5,677.55 .00 .00 20,802.71 13,602.71 .00	EPORT AVE PER \$	167.40 FOR JAN  RAGE COST UNIT/DAY 8.47 84.74 .00 .00 25.37 16.67 .00	.084 2004 THRU M UNITS/DAY PER ELIG .575 .004 .000 .000 .051 .050 .000	IONT S	252.31 2004 HLY AVERA COST PER USER 78.06 153.45 .00 .00 231.14 151.14 .00	GE - C	AGE 9,048 03/14/05 
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  16,233 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	903 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE 37 0 0 90 90 90 4	1,361 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 9,326 67 0 0 820 816 0 4	C ASSI: CE RE	227,834.98 ONTH-OF-PAYMENT RE STANCE - FAMILIES  EXPENDITURES  78,997.13 5,677.55 .00 .00 20,802.71 13,602.71 .00 7,200.00	EPORT AVE PER \$	167.40 FOR JAN  RAGE COST UNIT/DAY 8.47 84.74 .00 .00 25.37 16.67 .00 1800.00	.084 2004 THRU  M UNITS/DAY PER ELIG .575 .004 .000 .000 .051 .050 .000 .000	IONT S	252.31 2004 HLY AVERA COST PER USER 78.06 153.45 .00 .00 231.14 151.14 .00 1800.00	GE - C	AGE 9,048 03/14/05 COST PER CLIGIBLE 4.87 .35 .00 .00 1.28 .84 .00 .44
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  16,233 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	903 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE 37 0 0 90 90 90 4 0 0	1,361 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 9,326 67 0 0 820 816 0 4 0 0 13	C ASSI: CE RE	227,834.98 ONTH-OF-PAYMENT RE STANCE - FAMILIES  EXPENDITURES  78,997.13 5,677.55 .00 .00 20,802.71 13,602.71 .00 7,200.00 .00 .00	EPORT AVE PER \$	167.40 FOR JAN  RAGE COST UNIT/DAY 8.47 84.74 .00 .00 25.37 16.67 .00 1800.00 .00 .00	.084 2004 THRU  M UNITS/DAY PER ELIG .575 .004 .000 .0051 .050 .000 .000 .000 .000	IONT S	252.31 2004 HLY AVERA COST PER USER 78.06 153.45 .00 .00 231.14 151.14 .00 1800.00 .00	GE - C	AGE 9,048 03/14/05 
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  16,233 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	903 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  1,012 37 0 0 90 90 90 90 4 0 0 0 13	1,361 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 9,326 67 0 0 820 816 0 4 0 0 13	C ASSI: CE RE	227,834.98 ONTH-OF-PAYMENT RE STANCE - FAMILIES  EXPENDITURES  78,997.13 5,677.55 .00 .00 20,802.71 13,602.71 .00 7,200.00 .00 .00 1,341.00	AVE PER \$	167.40 FOR JAN  RAGE COST UNIT/DAY 8.47 84.74 .00 .00 25.37 16.67 .00 1800.00 .00 .00 .00 .00 .00	.084 2004 THRU  M UNITS/DAY PER ELIG .575 .004 .000 .0051 .050 .000 .000 .000 .000 .00	IONT S \$	252.31 2004 HLY AVERA COST PER USER 78.06 153.45 .00 .00 231.14 151.14 .00 1800.00 .00 .00 .00	GE - C	AGE 9,048 03/14/05 
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  16,233 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	903 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE 37 0 0 90 90 90 90 0 4 0 0 13	1,361 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 9,326 67 0 0 820 816 0 4 0 0 13	C ASSI: CE RE	227,834.98 ONTH-OF-PAYMENT RE STANCE - FAMILIES  EXPENDITURES  78,997.13 5,677.55 00 00 20,802.71 13,602.71 00 7,200.00 00 1,341.00 00	AVE PER \$	167.40 FOR JAN  RAGE COST UNIT/DAY 8.47 84.74 .00 .00 25.37 16.67 .00 1800.00 .00 .00 .00 .00 .00	.084 2004 THRU  M UNITS/DAY PER ELIG .575 .004 .000 .0051 .050 .000 .000 .000 .000 .00	IONT S \$	252.31 2004 HLY AVERA COST PER USER 78.06 153.45 .00 .00 231.14 151.14 .00 1800.00 .00 .00 .00	GE - C	AGE 9,048 03/14/05 
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  16,233 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	903 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE 1,012 37 0 0 90 90 90 4 0 0 13 0 0	1,361 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 9,326 67 0 0 820 816 0 4 0 0 13 0 0	C ASSI: CE RE	227,834.98 ONTH-OF-PAYMENT RE STANCE - FAMILIES  EXPENDITURES  78,997.13 5,677.55 .00 .00 20,802.71 13,602.71 .00 7,200.00 .00 1,341.00 .00 .00	AVE PER \$	167.40 FOR JAN  RAGE COST UNIT/DAY 8.47 84.74 .00 .00 .25.37 16.67 .00 1800.00 .00 .00 .00 .00 .00 .00 .00 .00 .	.084 2004 THRU  M UNITS/DAY PER ELIG .575 .004 .000 .051 .050 .000 .000 .000 .000 .000	IONT S \$	252.31 2004 HLY AVERA COST PER USER 78.06 153.45 .00 .00 231.14 151.14 .00 1800.00 .00 .00 .00 .00 .00	GE - C	AGE 9,048 03/14/05 
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  16,233 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	903 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE 37 0 0 90 90 90 4 0 0 13 0 0 163	1,361 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 9,326 67 0 0 820 816 0 4 0 0 13 0 0 357	C ASSI: CE RE	227,834.98 ONTH-OF-PAYMENT RE STANCE - FAMILIES  EXPENDITURES  78,997.13 5,677.55 .00 .00 20,802.71 13,602.71 .00 7,200.00 .00 1,341.00 .00 .00 3,077.67	AVE PER \$	167.40 FOR JAN  RAGE COST UNIT/DAY 8.47 84.74 .00 .00 25.37 16.67 .00 1800.00 .00 .00 103.15 .00 .00 8.62	.084 2004 THRU  M UNITS/DAY PER ELIG .575 .004 .000 .051 .050 .000 .000 .000 .000 .000	IONT S \$	252.31 2004 HLY AVERA COST PER USER 78.06 153.45 .00 .00 231.14 151.14 .00 1800.00 .00 .00 .00 .00 .00 .00	GE - C	AGE 9,048 03/14/05 
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  16,233 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	903 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE 37 0 0 90 90 90 0 4 0 0 13 0 0 163	1,361 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 9,326 67 0 0 820 816 0 4 0 0 13 0 0 357 7	C ASSI: CE RE	227,834.98 ONTH-OF-PAYMENT RE STANCE - FAMILIES  EXPENDITURES  78,997.13 5,677.55 .00 .00 20,802.71 13,602.71 .00 7,200.00 .00 .00 1,341.00 .00 3,077.67 118.99	AVE PER \$	167.40 FOR JAN  RAGE COST UNIT/DAY 8.47 84.74 .00 .00 25.37 16.67 .00 1800.00 .00 .00 103.15 .00 .00 8.62 17.00	.084 2004 THRU  M UNITS/DAY PER ELIG .575 .004 .000 .051 .050 .000 .000 .000 .000 .001 .000 .000	IONT S \$	252.31 2004 HLY AVERA COST PER USER 78.06 153.45 .00 .00 231.14 151.14 .00 1800.00 .00 .00 .00 .00 .00 .00 .00 .00	GE - C	AGE 9,048 03/14/05 
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  16,233 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	903 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE 37 0 0 90 90 90 0 4 0 0 13 0 0 163 1 0	1,361 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 9,326 67 0 0 820 816 0 4 0 0 13 0 0 357 7	C ASSI: CE RE	227,834.98 ONTH-OF-PAYMENT RESTANCE - FAMILIES  EXPENDITURES  78,997.13 5,677.55 .00 .00 20,802.71 13,602.71 .00 7,200.00 .00 1,341.00 .00 3,077.67 118.99 .00	AVE PER \$	167.40 FOR JAN  RAGE COST UNIT/DAY 8.47 84.74 00 00 25.37 16.67 00 1800.00 00 103.15 00 00 8.62 17.00 00	.084 2004 THRU  M UNITS/DAY PER ELIG .575 .004 .000 .051 .050 .000 .000 .000 .000 .000	IONT S \$	252.31 2004 HLY AVERA COST PER USER 78.06 153.45 .00 .00 231.14 151.14 .00 1800.00 .00 .00 103.15 .00 .00	GE - C	AGE 9,048 03/14/05 
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  16,233 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	903 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE 37 0 0 90 90 90 0 4 0 0 13 0 0 163 1 0 18	1,361 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 9,326 67 0 0 820 816 0 4 0 0 13 0 0 357 7 0 24	C ASSI: CE RE	227,834.98 ONTH-OF-PAYMENT RE STANCE - FAMILIES  EXPENDITURES  78,997.13 5,677.55 .00 .00 20,802.71 13,602.71 .00 7,200.00 .00 1,341.00 .00 1,341.00 .00 3,077.67 118.99 .00 2,979.76	AVE PER \$	167.40 FOR JAN  RAGE COST UNIT/DAY 8.47 84.74 .00 .00 25.37 16.67 .00 1800.00 .00 .00 .00 .00 .00 .00 .00 .00 .	.084 2004 THRU  M UNITS/DAY PER ELIG .575 .004 .000 .051 .050 .000 .000 .000 .000 .000	IONT S \$	252.31 2004 HLY AVERA COST PER USER 78.06 153.45 .00 .00 231.14 151.14 .00 1800.00 .00 .00 .00 .00 .00 .00 .00 .00	GE - C	AGE 9,048 03/14/05 
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  16,233 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS	903 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE 37 0 0 90 90 90 0 4 0 0 13 0 0 163 1 0 18 18	1,361 CES AND EXPENDITURE/DENTAL VICES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 9,326 67 0 0 820 816 0 4 0 0 13 0 0 357 7 0 24 24	C ASSI: CE RE	227,834.98 ONTH-OF-PAYMENT RE STANCE - FAMILIES  EXPENDITURES  78,997.13 5,677.55 00 20,802.71 13,602.71 00 7,200.00 00 1,341.00 00 3,077.67 118.99 00 2,979.76 2,979.76	AVE PER \$	167.40 FOR JAN  RAGE COST UNIT/DAY 8.47 84.74 .00 .00 25.37 16.67 .00 1800.00 .00 .00 .00 .00 103.15 .00 .00 .00 103.15 .00 .00 103.15 .00 .00 103.15	.084 2004 THRU  M UNITS/DAY PER ELIG .575 .004 .000 .051 .050 .000 .000 .000 .000 .000	IONT S \$	252.31 2004 HLY AVERA COST PER USER 78.06 153.45 .00 .00 231.14 151.14 .00 1800.00 .00 .00 103.15 .00 .00 103.15 .00 .00 18.88 118.99 .00 165.54	GE - C	AGE 9,048 03/14/05 
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  16,233 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS	903 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE 37 0 0 90 90 90 0 4 0 0 13 0 0 163 1 0 18	1,361 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 9,326 67 0 0 820 816 0 4 0 0 13 0 0 357 7 0 24	C ASSI: CE RE	227,834.98 ONTH-OF-PAYMENT RE STANCE - FAMILIES  EXPENDITURES  78,997.13 5,677.55 .00 .00 20,802.71 13,602.71 .00 7,200.00 .00 .00 .00 1,341.00 .00 .00 3,077.67 118.99 .00 2,979.76 2,979.76 .00	AVE PER \$	167.40 FOR JAN  RAGE COST UNIT/DAY 8.47 84.74 .00 .00 25.37 16.67 .00 1800.00 .00 .00 .00 .00 .00 103.15 .00 .00 .00 103.15 .00 .00 103.15 .00 .00 103.15 .00 .00 104.16 124.16 .00	.084 2004 THRU  M UNITS/DAY PER ELIG .575 .004 .000 .051 .050 .000 .000 .000 .000 .000	IONT S \$	252.31 2004 HLY AVERA COST PER USER 78.06 153.45 .00 .00 231.14 151.14 .00 1800.00 .00 .00 .00 .00 .00 .00 .0	GE - C	AGE 9,048 03/14/05 
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  16,233 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS	903 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE 37 0 0 90 90 90 0 4 0 0 13 0 0 163 1 0 18 18	1,361 CES AND EXPENDITURE/DENTAL VICES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 9,326 67 0 0 820 816 0 4 0 0 13 0 0 357 7 0 24 24	C ASSI: CE RE	227,834.98 ONTH-OF-PAYMENT RE STANCE - FAMILIES  EXPENDITURES  78,997.13 5,677.55 00 20,802.71 13,602.71 00 7,200.00 00 1,341.00 00 3,077.67 118.99 00 2,979.76 2,979.76	AVE PER \$	167.40 FOR JAN  RAGE COST UNIT/DAY 8.47 84.74 .00 .00 25.37 16.67 .00 1800.00 .00 .00 .00 .00 103.15 .00 .00 .00 103.15 .00 .00 103.15 .00 .00 103.15	.084 2004 THRU  M UNITS/DAY PER ELIG .575 .004 .000 .051 .050 .000 .000 .000 .000 .000	IONT S \$	252.31 2004 HLY AVERA COST PER USER 78.06 153.45 .00 .00 231.14 151.14 .00 1800.00 .00 .00 103.15 .00 .00 103.15 .00 .00 18.88 118.99 .00 165.54	GE - C	AGE 9,048 03/14/05 
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  16,233 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS	903 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE 37 0 0 90 90 90 0 4 0 0 13 0 0 163 1 0 18 18	1,361 CES AND EXPENDITURE/DENTAL VICES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 9,326 67 0 0 820 816 0 4 0 0 13 0 0 357 7 0 24 24	C ASSI: CE RE	227,834.98 ONTH-OF-PAYMENT RE STANCE - FAMILIES  EXPENDITURES  78,997.13 5,677.55 .00 .00 20,802.71 13,602.71 .00 7,200.00 .00 .00 .00 1,341.00 .00 .00 3,077.67 118.99 .00 2,979.76 2,979.76 .00	AVE PER \$	167.40 FOR JAN  RAGE COST UNIT/DAY 8.47 84.74 .00 .00 25.37 16.67 .00 1800.00 .00 .00 .00 .00 .00 103.15 .00 .00 .00 103.15 .00 .00 103.15 .00 .00 103.15 .00 .00 104.16 124.16 .00	.084 2004 THRU  M UNITS/DAY PER ELIG .575 .004 .000 .000 .051 .050 .000 .000 .000 .000	IONT S \$	252.31 2004 HLY AVERA COST PER USER 78.06 153.45 .00 .00 231.14 151.14 .00 1800.00 .00 .00 .00 .00 .00 .00 .0	GE - C	AGE 9,048 03/14/05 

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	688	5 <b>,</b> 958	43,151.32	7.24	.367	62.72	2.66
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	19	2,062	1,118.36	.54	.127	58.86	.07
@CALIF. CHILDREN SERVICES*	60	1,219	\$ 92,342.74	\$ 75.75	.075	\$ 1539.05	\$ 5.69
@XOVER EXCLUDING STATE HOSP**	1	6	\$ 433.98	\$ 72.33	.000	\$ 433.98	\$ .03

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,049
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

NEVADA COUNTY	SUMMARY OF SER	VICES FOR PUBLIC ASSI	STANCE - TOTAL				
					MON	THLY AVERA	GE
39,657 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	28,275			\$ 29.84	13.223 \$		\$ 394.57
@PHYSICIANS SERVICES	8 <b>,</b> 971	30,186 \$	917,099.26	\$ 30.38	.761 \$	102.23	\$ 23.13
OUTPATIENT VISITS	5,524	7,895	306,150.50	38.78	.199	55.42	7.72
OFFICE VISITS	3,718	5 <b>,</b> 007	155,291.63	31.01	.126	41.77	3.92
HOME VISITS	5	7	225.58	32.23	.000	45.12	.01
EMERGENCY ROOM	2,056	2,580	139,816.70	54.19	.065	68.00	3.53
PREVENTIVE CARE	5	5	242.52	48.50	.000	48.50	.01
OB VISITS/COMPRE PERI	26	33	2,694.71	81.66	.001	103.64	.07
OTHER OUTPATIENT	244	263	7,879.36	29.96	.007	32.29	.20
INPATIENT VISITS	359	1,318	76,765.32	58.24	.033	213.83	1.94
HOSPITAL VISITS	325	1,095	51,110.22	46.68	.028	157.26	1.29
CRITICAL CARE	34	167	23,795.75	142.49	.004	699.88	.60
SNF/ICF/TRANS IP CARE	31	56	1,859.35	33.20	.001	59.98	.05
OPHTHALMOLOGICAL SERVICES	141	166	6,956.81	41.91	.004	49.34	.18
EXAMINATIONS	139	164	6,915.52	42.17	.004	49.75	.17
SERVICES AND MATERIALS	2	2	41.29	20.65	.000	20.65	.00
INPATIENT HOSPITAL SURGERY	189	3,210	87,276.80	27.19	.081	461.78	2.20
PRINCIPAL SURGEON	124	192	64,771.43	337.35	.005	522.35	1.63
ASSISTANT SURGEON	15	14	2,067.97	147.71	.000	137.86	.05
ANESTHESIOLOGIST	84	3,004	20,437.40	6.80	.076	243.30	.52
OUTPATIENT SURGERY	673	2,800	102,816.56	36.72	.071	152.77	2.59
PRINCIPAL SURGEON	572	686	82,501.63	120.26	.017	144.23	2.08
ASSISTANT SURGEON	2	2	243.91	121.96	.000	121.96	.01
ANESTHESIOLOGIST	132	2,112	20,071.02	9.50	.053	152.05	.51
DIALYSIS	25	99	8,875.63	89.65	.002	355.03	
PATHOLOGY	610	1,130	22,123.29	19.58		36.27	
RADIOLOGY	1,790	3,044	103,356.52	33.95		57.74	2.61
PSYCHIATRY	7	9	487.51	54.17	.000	69.64	.01
IMMUNIZATION AND INJECTION	169	1,330	25,054.19	18.84	.034	148.25	.63
OTHER SERVICES/ALL X-OVERS	3,009	9,185	177,236.13	19.30	.232	58.90	4.47
@PHARMACY	19,553	272 <b>,</b> 216 \$		\$ 29.93	6.864 \$		
PRESCRIPTION DRUGS	19,378	76 <b>,</b> 235		105.12	1.922	413.55	202.07
SNF/ICF	300	2,243	171 <b>,</b> 782.69	76.59	.057	572.61	4.33
OUTPATIENTS	19,130	73 <b>,</b> 992	7,841,893.91	105.98	1.866	409.93	197.74
MEDICAL SUPPLIES	1,227	195 <b>,</b> 981	133,563.41	.68		108.85	3.37
@DENTIST	1,553	6 <b>,</b> 701 \$	241,563.32		.169 \$		•
VISITS - DIAGNOSTIC	1,093	4,135	66,221.99	16.01	.104	60.59	1.67
ORAL SURGERY	236	618	35,858.75	58.02	.016	151.94	.90

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DRUGS	42	49	1,120.00	22.86	.001	26.67	.03
ANESTHESIA	8	8	725.00	90.63	.000	90.63	.02
PERIODONTICS	37	47	3,885.50	82.67	.001	105.01	.10
ENDODONTICS	99	163	25,559.25	156.81	.004	258.17	.64
RESTORATIVE DENTISTRY	510	1,366	75,018.25	54.92	.034	147.09	1.89
PROSTHETICS	6	7	150.00	21.43	.000	25.00	.00
DENTURES, STAYPLATES	73	197	29,070.50	147.57	.005	398.23	.73
SPACE MAINTAINERS	5	5	582.00	116.40	.000	116.40	.01
MAXILLOFACIAL SERVICES	2	2	162.08	81.04	.000	81.04	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	33	62	3,060.00	49.35	.002	92.73	.08
ALL OTHER SERVICES	53	42	150.00	3.57	.001	2.83	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	S MONTH-OF-PAYMENT F	REPORT FOR JAN	2004 THRU DI	EC 2004	PAGE 9,050
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC A	SSISTANCE - TOTAL				
					MOI	NTHLY AVERA	GE
39,657 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	Y PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	588	1,810	\$ 38,866.89	\$ 21.47	.046	\$ 66.10	\$ .98
DIAGNOSTIC AND ANC. PROCED	318	327	14,037.52	42.93	.008	44.14	.35
EYE APPLIANCES	481	1,419	22,911.48	16.15	.036	47.63	.58
OTHER OPTOMETRIC SERVICES	39	64	1,917.89	29.97	.002	49.18	.05
@CHIROPRACTOR	215	389	\$ 6,384.83	\$ 16.41	.010	\$ 29.70	\$ .16
VISITS	199	370	6,090.26	16.46	.009	30.60	.15
OTHER SERVICES	16	19	294.57	15.50	.000	18.41	.01
@PODIATRIST	216	297	\$ 5,346.58	\$ 18.00	.007	\$ 24.75	\$ .13
MEDICINE/INJECTIONS	88	101	3,083.73	30.53	.003	35.04	.08
SURGERY/ANES.	7	7	120.00	17.14	.000	17.14	.00
RADIO./PATHOLOGY	3	3	60.54	20.18	.000	20.18	.00
OTHER	129	186	2,082.31	11.20	.005	16.14	.05
@HOME HEALTH AGENCY	107	1,742	\$ 71,371.14	\$ 40.97	.044	\$ 667.02	\$ 1.80
NURSE ANESTHESIST	3	34	\$ 174.62	\$ 5.14	.001	\$ 58.21	\$ .00

NURSE MIDWIFE	11	76	\$	4,905.79	\$	64.55		002		445.98	\$	.12
PEDIATRIC NURSE PRACTITIONER	1	1	\$	34.22	\$	34.22		000	\$	34.22	\$	.00
FAMILY NURSE PRACTITIONER	128	161		0 0 5 5 4 4				004		30.92		.10
@TOTAL HOSPITAL	6.043	161 29 <b>,</b> 535	Ś	3,957.41 3,440,691.15	Ś	116.50		745				86.76
HOSP INPATIENT TOTAL	521	1,455		2,689,352.63				037		5161.91		67.82
HSC HOSPITALS	71	460		592,102.03		1848.35 1287.18	•	012		8339.47		14.93
NON-HSC HOSPITAL TOTAL	250	995		1,916,552.71		1926.18	•	025		7399.82		48.33
NON-HSC HOSPITAL TOTAL	259	995				1920.10	•					
ACCOMMODATIONS	259	995 0		444,451.29		446.68		025		1716.03		11.21
ADMINISTRATIVE DAYS	U	U		.00		.00		000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00		000		.00		.00
ALL OTHER ACCOM	259	995		444,451.29		446.68		025		1716.03		11.21
ANCILLARIES	258	0		1,472,101.42		.00		000		5705.82		37.12
HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY	194	28,080 1,224		180,697.89		.00		000		931.43		4.56
ALL OTHER INPATIENT	0	0		.00		.00		000		.00		.00
HOSP OUTPATIENT TOTAL	5 <b>,</b> 728	28,080		751,338.52		26.76		708		131.17		18.95
MEDICAL	858	1,224		57,907.55		47.31		031		67.49		1.46
SURGERY	498	536		17,100.80		31.90		014		34.34		.43
PATHOLOGY	498 2 <b>,</b> 128	9,045		108,637.46		31.90 12.01		228		51.05		2.74
RADIOLOGY	1,505	2,268		184,389.43		81.30	·	057		122.52		4.65
ROOM USE	2 779			155,419.20		39 52	•	099		55.93		3.92
CROSSOVERS/ALL OTH OUTPTNT		3,933 11,074		227,884.08		39.52 20.58	•	279		80.35		5.75
			\$		ċ	70.30	•	004	ċ		ċ	.28
GCOUNTI HOSPITAL TOTAL	18	160	Ş	11,233.84 4,575.00	ş	70.21	•		Ą		Ş	
CO HOSPITAL INPATIENT TOTAL	1	5		4,575.00				000		4575.00		.12
HSC HOSPITALS	1	5		4,575.00		915.00		000		4575.00		.12
NON-HSC HOSPITALS TOTAL	0	0		.00		.00		000		.00		.00
ACCOMMODATIONS	0	0		.00		.00		000		.00		.00
@COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL	0	160 5 5 0 0 0 0 0 0 0 155 11		.00		.00		000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00		000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00		000		.00		.00
ANCILLARIES	0	0		.00		.00		000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00		000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00		000		.00		.00
CO HOSP OUTPATIENT TOTAL	17	155		6,658.84		42.96		004		391.70		.17
MEDICAL	4	11 9 43 14 19		554.38		50.40		000		138.60		.01
SURGERY	4 5 5 5	9		538.51		59 83	•	000		107.70		.01
PATHOLOGY	5	43		780.46		59.83 18.15	•	001		156.09		.02
RADIOLOGY	5	1 A		1,423.40		10.13	•	000		284.68		.04
ROOM USE	9	19		812.17		101.67 42.75	•	000		90.24		.02
		59				43.22						.06
CROSSOVERS/ALL OTH OUTPINT			по 1	2,549.92				001		196.15	ъ.	
#CALIF DEPT OF HEALTH SERV			ES I	MONTH-OF-PAIMENT RI	EPUR	T FOR JAN	2004 1	HKU	DEC	2004	P	AGE 9,051
MOP024	FEE-FOR-SERVICE											03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASS.	ISTANCE - TOTAL							<b>C T</b>	
00 655										HLY AVERA	-	
39,657 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST						COST PER
		OR DAYS OF CARE				R UNIT/DAY				USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6,033	29 <b>,</b> 375	\$	3,429,457.31	\$	116.75		741	\$	568.45		86.48
COMM HOSP INPATIENT TOTAL	520	1,450		2,684,777.63		1851.57		037		5163.03		67.70
HSC HOSPITALS	70	455		587 <b>,</b> 527.03		1291.27		011		8393.24		14.82
NON-HSC HOSPITALS TOTAL	259	995		1,916,552.71		1926.18		025		7399.82		48.33
ACCOMMODATIONS	259	995		444,451.29		446.68		025		1716.03		11.21
ADMINISTRATIVE DAYS	0	0		.00		.00		000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00		000		.00		.00
ALL OTHER ACCOM	259	995		444,451.29		446.68		025		1716.03		11.21
ANCILLARIES	258	0		1,472,101.42		.00		000		5705.82		37.12
INPATIENT CROSSOVERS	194	0		180,697.89		.00		000		931.43		4.56
ALL OTHER INPATIENT	0	0		.00		.00		000		.00		.00
THE CHIEF THE ALTERIA	O	· ·		.00		• 0 0	•	500		.00		• 0 0

COMM HOSP OUTPATIENT TOTAL	5,718	27,925		744,679.68		26.67	.704		130.23		18.78
MEDICAL	854 493	1,213		57,353.17 16.562.29		47.28	.031		67.16		1.45
SURGERY	493	527					.013		33.59		.42
PATHOLOGY	2,124	9,002		107,857.00		11.98	.227		50.78		2.72
RADIOLOGY	1,502	2,254		182,966.03		81.17	.057		121.81		4.61
	2.775	3.914		154,607.03		39.50	.099		55.71		3.90
CROSSOVERS/ALL OTH OUTPTNT	2,826	11,015		225,334.16		81.17 39.50 20.46	.278		79.74		5.68
@STATE HOSPITAL	, 0	, 0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	270	6,276	\$	870,133.82	\$		.158	\$		\$	21.94
LEV A-INTERMEDIATE	0 0 0 270 0 11	, 0		.00		.00	.000	·	.00		.00
LEV B-REHAB MD	11	312		39,099.84		125.32	.008		3554.53		.99
LEV B-SUBACUTE FREESTANDING	1	24		8,276.88		344.87	.001		8276.88		.21
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	258	5 <b>,</b> 940		822,757.10		138.51	.150		3188.98		20.75
@INTERMEDIATE CARE FACILDD	_	0	\$	2,693.46	\$	.00	.000	\$	.00	\$	.07
@INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		2,693.46		.00	.000		.00		.07
@HEMODIALYSIS TOTAL	122	5,581	\$	179,465.09	\$	32.16	.141	\$	1471.03	\$	4.53
HOSPITAL BASED	0	. 0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	122	5,581		179,465.09		32.16	.141		1471.03		4.53
@REHABILITATION FACILITY	42	655	\$	9,989.02	\$	15.25	.017	\$	237.83	\$	.25
HOSPITAL BASED	2	2CR		26.10		13.05CR	.000		13.05		.00
INDEPENDENT FACILITY	40	657		9,962.92		15.16	.017		249.07		.25
@LABORATORY FACILITY	700	2,161	\$	29 <b>,</b> 858.52	\$	13.82	.054	\$	42.66	\$	.75
PATHOLOGY	689	2,124		29,665.06		13.97	.054		43.06		.75
XO AND OTHERS	11	37		193.46		5.23	.001		17.59		.00
CONGANIZED COTFATIENT CHINIC	3,012	5,905	\$	626,728.50	\$	106.14	.149	\$	173.51	\$	15.80
CLINIC	1,154	1,858		57,171.82		30.77 43.90	.047		49.54		1.44
SURGICENTER	1,154 20 0	. 89		3,907.12		43.90	.002		195.36		.10
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,467	3,958		565,649.56		142.91	.100		229.29		14.26
#CALIF DEPT OF HEALTH SERV			ES I	MONTH-OF-PAYMENT R	EPOR1		004 THRU	DEC	2004	P.	AGE 9,052
MOP024	FEE-FOR-SERVICE	:/DENTAL									03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASS	ISTANCE - TOTAL							
							M	TNC	HLY AVERA	GE	
39,657 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	3,958 316 0	160,643	\$	1,050,981.52	\$	6.54	4.051	\$	265.53	\$	26.50
DURABLE MED. EQUIP.	316	1,006	-	127,683.30		126.92	.025		404.06		3.22
BLOOD BANK	0	, 0		.00		.00	.000		.00		.00

39,657 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	3 <b>,</b> 958	160,643 \$	1,050,981.52	\$ 6.54	4.051 \$	265.53	\$ 26.50
DURABLE MED. EQUIP.	316	1,006	127,683.30	126.92	.025	404.06	3.22
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	37	44	7,472.68	169.83	.001	201.96	.19
MEDICAL TRANSPORTATION	345	4,504	77,913.84	17.30	.114	225.84	1.96
AMBULANCES/AIR TRANS	322	3,769	56,538.19	15.00	.095	175.58	1.43
OTHER TRANS	20	591	1,337.23	2.26	.015	66.86	.03
OTHER SERVICES	21	144	20,038.42	139.16	.004	954.21	.51
ACUPUNCTURE	6	13	222.83	17.14	.000	37.14	.01
ADULT DAY HEALTH CARE CTR	311	3,687	256,540.45	69.58	.093	824.89	6.47
GENETIC DISEASE TESTING	16	16	1,656.00	103.50	.000	103.50	.04
IHMC, MODEL-NF, NF, AIDS, MSSP	53	9,152	237,067.72	25.90	.231	4472.98	5.98
OCCUPATIONAL THERAPIST	1	25	514.74	20.59	.001	514.74	.01
OPTICIAN	601	1,376	13,525.42	9.83	.035	22.50	.34
PHYSICAL THERAPIST	4	33	425.26	12.89	.001	106.32	.01

	0.2
PROSTHETIST/ORTHOTISTS 94 271 33,080.84 122.07 .007 351.92	.83
PROSTHETICS 94 271 33,080.84 122.07 .007 351.92	.83
ORTHOTICS 0 0 .00 .00 .00 .00 .00	.00
PSYCHOLOGIST 3 4 569.95 142.49 .000 189.98	.01
SPEECH AND AUDIOLOGY 41 128 5,229.59 40.86 .003 127.55	.13
HOSPICE SERVICES 17 182 23,789.86 130.71 .005 1399.40	.60
NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00	.00
LOCAL EDUCATION AGENCIES 1,158 39,375 177,516.62 4.51 .993 153.30	4.48
EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .00 .00 .00	.00
RESPIRATORY CARE PRACT. 0 0 .00 .00 .00 .00 .00	.00
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00	.00
ALL OTHER PROVIDERS 1,144 100,765 86,904.64 .86 2.541 75.97	2.19
@CALIF. CHILDREN SERVICES* 314 13,784 \$ 387,961.85 \$ 28.15 .348 \$ 1235.55 \$	9.78
@XOVER EXCLUDING STATE HOSP** 3,742 41,576 \$ 549,258.15 \$ 13.21 1.048 \$ 146.78 \$	13.85

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,053
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

NEVADA COUNTI	SUMMANI OF SER	VICES FOR MM - NO S		AGED AID	CODE	14 11 10		 	
							MC		
3,149 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE				. UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,635	26 <b>,</b> 726 \$	5	1,193,754.97	\$	44.67	8.487		379.09
@PHYSICIANS SERVICES	389	1,484 \$	;	19,155.82	\$		.471	\$ 49.24	\$ 6.08
OUTPATIENT VISITS	13	21		799.20		38.06	.007	61.48	.25
OFFICE VISITS	7	15		376.98		25.13	.005	53.85	.12
HOME VISITS	0	0		.00		.00	.000	.00	.00
EMERGENCY ROOM	5	5		403.02		80.60	.002	80.60	.13
PREVENTIVE CARE	0	0		.00		.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000	.00	.00
OTHER OUTPATIENT	1	1		19.20		19.20	.000	19.20	.01
INPATIENT VISITS	3	8		255.30		31.91	.003	85.10	.08
HOSPITAL VISITS	2	6		255.30		42.55	.002	127.65	.08
CRITICAL CARE	1	2		.00		.00	.001	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	5		238.02		47.60	.002	79.34	.08
EXAMINATIONS	3	5		238.02		47.60	.002	79.34	.08
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	14		990.08		70.72	.004	165.01	.31
PRINCIPAL SURGEON	4	6		441.55		73.59	.002	110.39	.14
ASSISTANT SURGEON	1	1		374.53		374.53	.000	374.53	.12
ANESTHESIOLOGIST	1	7		174.00		24.86	.002	174.00	.06
OUTPATIENT SURGERY	5	13		2,159.39		166.11	.004	431.88	.69
PRINCIPAL SURGEON	4	4		1,881.44		470.36	.001	470.36	.60
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	2	9		277.95		30.88	.003	138.98	.09
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	2	2		16.16		8.08	.001	8.08	.01
RADIOLOGY	9	16		326.05		20.38	.005	36.23	.10
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	365	1,405		14,371.62		10.23	.446	39.37	4.56
@PHARMACY	2,218	18,603 \$	;	636,352.39	\$	34.21	5.908	\$ 286.90	\$ 202.08
PRESCRIPTION DRUGS	2,208	9,893		631,950.23		63.88	3.142	286.21	200.68

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	126	784		41,695.23		53.18	.249	330.91	13	3.24
OUTPATIENTS	2,097	9,109		590,255.00		64.80	2.893	281.48	187	7.44
MEDICAL SUPPLIES	69	8,710		4,402.16		.51	2.766	63.80	1	.40
@DENTIST	86	314	\$	14,221.00	\$	45.29	.100	\$ 165.36	\$ 4	1.52
VISITS - DIAGNOSTIC	49	151		2,309.00		15.29	.048	47.12		.73
ORAL SURGERY	15	38		1,967.00		51.76	.012	131.13		.62
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	1	1		55.00		55.00	.000	55.00		.02
ENDODONTICS	3	3		760.00		253.33	.001	253.33		.24
RESTORATIVE DENTISTRY	30	69		3,947.00		57.20	.022	131.57	1	L.25
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	14	45		5,183.00		115.18	.014	370.21	1	L.65
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	3	7		.00		.00	.002	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	JRES MON	NTH-OF-PAYMENT RI	EPORT	FOR JAN 2	2004 THRU	DEC 2004	PAGE	9,054
MOP024	FEE-FOR-SERVICE/DENTAL								03/	14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR	MN - N	IO SOC -	- AGED AID	CODE	14 1H 1U	1X			
							M	ONTHLY AVERA	GE	

							M	$\Gamma$ NO	HLY AVERA	GΕ	
3,149 ELIGIBLES	USERS	UNITS OF SERVICE	}	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	37	119	\$	2,197.35	\$	18.47	.038	\$	59.39	\$	.70
DIAGNOSTIC AND ANC. PROCED	9	9		372.57		41.40	.003		41.40		.12
EYE APPLIANCES	33	105		1,759.09		16.75	.033		53.31		.56
OTHER OPTOMETRIC SERVICES	3	5		65.69		13.14	.002		21.90		.02
@CHIROPRACTOR	2	4	\$	66.88	\$	16.72	.001	\$	33.44	\$	.02
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	2	4		66.88		16.72	.001		33.44		.02
@PODIATRIST	45	68	\$	587.51	\$	8.64	.022	\$	13.06	\$	.19
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	45	68		587.51		8.64	.022		13.06		.19
@HOME HEALTH AGENCY	1	8	\$	641.60	\$	80.20	.003	\$	641.60	\$	.20
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	1	1	\$	2.10	\$	2.10	.000	\$	2.10	\$	.00
@TOTAL HOSPITAL	287	1,018	\$	84,892.24	\$	83.39	.323	\$	295.79	\$	26.96
HOSP INPATIENT TOTAL	48	19		64,838.89		3412.57	.006		1350.81		20.59
HSC HOSPITALS	1	4		7,200.00		1800.00	.001		7200.00		2.29
NON-HSC HOSPITAL TOTAL	3	15		22,448.99		1496.60	.005		7483.00		7.13
ACCOMMODATIONS	3	15		5,354.41		356.96	.005		1784.80		1.70
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	15		5,354.41		356.96	.005		1784.80		1.70
ANCILLARIES	3	0		17,094.58		.00	.000		5698.19		5.43
INPATIENT CROSSOVERS	44	0		35,189.90		.00	.000		799.77		11.17
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	245	999		20,053.35		20.07	.317		81.85		6.37
MEDICAL	5	7		195.47		27.92	.002		39.09		.06
SURGERY	1	1		19.43		19.43	.000		19.43		.01
PATHOLOGY	14	44		643.10		14.62	.014		45.94		.20

RADIOLOGY	4	4	102.07	25.52	.001	25.52	.03
ROOM USE	11	14	486.94	34.78	.004	44.27	.15
CROSSOVERS/ALL OTH OUTPINT	228	929	18,606.34	20.03	.295	81.61	5.91
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT RI	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 9,055
MOP024	FEE-FOR-SERVICE/DE						03/14/05
NEVADA COUNTY	SUMMARY OF SERVICE	S FOR MN - NO SC	C - AGED AID	CODE 14 1H 1U	1X		
					MON		
3,149 ELIGIBLES		ITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		R DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	287	1,018 \$	84,892.24	\$ 83.39			
COMM HOSP INPATIENT TOTAL	48	19	64,838.89	3412.57		1350.81	20.59
HSC HOSPITALS	1	4	7,200.00	1800.00	.001	7200.00	2.29
NON-HSC HOSPITALS TOTAL	3	15	22,448.99	1496.60	.005	7483.00	7.13
ACCOMMODATIONS	3	15	5,354.41	356.96	.005	1784.80	1.70

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	15		5,354.41		356.96	.005		1784.80		1.70
ANCILLARIES	3	0		17 <b>,</b> 094.58		.00	.000		5698.19		5.43
INPATIENT CROSSOVERS	44	0		35,189.90		.00	.000		799.77		11.17
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	245	999		20,053.35		20.07	.317		81.85		6.37
MEDICAL	5	7		195.47		27.92	.002		39.09		.06
SURGERY	1	i		19.43		19.43	.000		19.43		.01
PATHOLOGY	14	44		643.10		14.62	.014		45.94		.20
RADIOLOGY	4	4		102.07		25.52	.001		25.52		.03
ROOM USE	11	14		486.94		34.78	.001		44.27		.15
CROSSOVERS/ALL OTH OUTPTNT		929		18,606.34		20.03	.295		81.61		5.91
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	109	2,240	\$	297 <b>,</b> 697.16	\$	132.90	.711	\$	2731.17	\$	94.54
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	109	2,240		297,697.16		132.90	.711		2731.17		94.54
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	Ś	.00
ICF DDH	0	0	т	.00	τ	.00	.000	Τ.	.00	т	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	7	21	\$	4,910.33	\$	233.83	.007	Ś	701.48	ċ	1.56
HOSPITAL BASED	7	0	Ą	•	Ą			Ą	.00	Ą	
	U	-		.00		.00	.000				.00
HEMODIALYSIS CENTER	/	21	<b>^</b>	4,910.33	<u> </u>	233.83	.007	<u> </u>	701.48	<u> </u>	1.56
@REHABILITATION FACILITY	U	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	12	\$	109.39	\$	9.12	.004	\$	27.35	\$	.03
PATHOLOGY	1	6		65.95		10.99	.002		65.95		.02
XO AND OTHERS	3	6		43.44		7.24	.002		14.48		.01
@ORGANIZED OUTPATIENT CLINIC	147	213	\$	31,146.94	\$	146.23	.068	\$	211.88	\$	9.89
CLINIC	2	2		59.42		29.71	.001		29.71		.02
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	145	211		31,087.52		147.33	.067		214.40		9.87
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	JRES MC	NTH-OF-PAYMENT R	EPORT	FOR JAN 2	2004 THRU	DEC	2004	$P^{F}$	AGE 9,056
MOP024	FEE-FOR-SERVICE										03/14/05
NEVADA COUNTY		•	IO SOC	- AGED AID	CODE	: 14 1H 1U	1 X				, ,
	***************************************							ONT	HLY AVERA	GE -	
3,149 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AVE	RAGE COST			COST PER		COST PER
0,119 221012220	00210	OR DAYS OF CAR				R UNIT/DAY					ELIGIBLE
@ALL OTHER PROVIDERS	393		\$	101,774.26			.832		258.97		32.32
DURABLE MED. EQUIP.	12	2,021		3,457.84		132.99	.008	Y	288.15	Y	1.10
BLOOD BANK	0	0		.00		.00	.000		.00		.00
	20	20		8,424.52		421.23			421.23		2.68
HEARING AID DISPENSERS							.006				
MEDICAL TRANSPORTATION	6	71		522.53		7.36	.023		87.09		.17
AMBULANCES/AIR TRANS	2	30		349.94		11.66	.010		174.97		.11
OTHER TRANS	3	38		156.87		4.13	.012		52.29		.05
OTHER SERVICES	1	3		15.72		5.24	.001		15.72		.00
ACUPUNCTURE	1	1		27.03		27.03	.000		27.03		.01

ADULT DAY HEALTH CARE CTR	67	725	50,445.50	69.58	.230		752.92	16.02
GENETIC DISEASE TESTING	0	0	.00	.00	.000		.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000		.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000		.00	.00
OPTICIAN	52	122	1,503.64	12.32	.039		28.92	.48
PHYSICAL THERAPIST	0	0	.00	.00	.000		.00	.00
PORTABLE X-RAY	7	10	7.37	.74	.003		1.05	.00
PROSTHETIST/ORTHOTISTS	3	5	22.96	4.59	.002		7.65	.01
PROSTHETICS	3	5	22.96	4.59	.002		7.65	.01
ORTHOTICS	0	0	.00	.00	.000		.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000		.00	.00
SPEECH AND AUDIOLOGY	2	2	704.01	352.01	.001		352.01	.22
HOSPICE SERVICES	11	261	29 <b>,</b> 658.99	113.64	.083	2	2696.27	9.42
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000		.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	227	1,378	6,999.87	5.08	.438		30.84	2.22
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	810	3,859	\$ 109,689.49	\$ 28.42	1.225	\$	135.42	\$ 34.83

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,057
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

					MON	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	2CR \$	50.00CR	\$ 25.00	.000 \$	.00	\$ .00
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00 \$	.00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	2011	\$	50.00CR \$	25.00		\$ .00	•
VISITS - DIAGNOSTIC	0	2CR		50.00CR	25.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURE	S MONTH-OF-P.	AYMENT REPORT	FOR JAN	2004 THRU D	EC 2004	PAGE 9,058
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR	MN - NO	SOC - BLIND		AID CODE	24		

NEVADA COUNTI	SUMMARI OF SER	VICES FOR MIN - IN	300	ם סעוועם		AID CODE	24				
							MO	TNC	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3 (	COST PER		COST PER
		OR DAYS OF CAR	2		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	Ö	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES					PAGE 9,059
"OTTELL BELL OF HEHELIN CENT					0 0 1 111110 2		
MOP024	FEE-FOR-SERVICE	DENTAL					
MOP024 NEVADA COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	<sup>'</sup> DENTAL ICES FOR MN - NO SC	OC - BLIND	AID COI	DE 24		03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR MN - NO SC			MO		03/14/05 GE
		ICES FOR MN - NO SC UNITS OF SERVICE	OC - BLIND  EXPENDITURES	AVERAGE COS	MO ST UNITS/DAYS	COST PER	03/14/05 GE COST PER
NEVADA COUNTY  00 ELIGIBLES	SUMMARY OF SERV USERS	CCES FOR MN - NO SC UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COS PER UNIT/DA	MO ST UNITS/DAYS AY PER ELIG	COST PER USER	03/14/05  GE  COST PER  ELIGIBLE
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00	AVERAGE COS PER UNIT/DA \$ .00	MO ST UNITS/DAYS AY PER ELIG .000	COST PER USER \$ .00	03/14/05  GE  COST PER  ELIGIBLE  \$ .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERV USERS	CCES FOR MN - NO SC UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES .00	AVERAGE COS PER UNIT/DA \$ .00	MO ST UNITS/DAYS AY PER ELIG .000 .000	COST PER USER \$ .00 .00	03/14/05  GE  COST PER  ELIGIBLE  \$ .00 .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00	AVERAGE COS PER UNIT/DA \$ .00 .00	MO ST UNITS/DAYS AY PER ELIG .000 .000	COST PER USER \$ .00 .00 .00	03/14/05  GE  COST PER  ELIGIBLE  \$ .00  .00 .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00 .00	AVERAGE COS PER UNIT/DA \$ .00 .00 .00	MO ST UNITS/DAYS AY PER ELIG .000 .000 .000	COST PER USER \$ .00 .00 .00	03/14/05  GE  COST PER  ELIGIBLE  \$ .00  .00  .00 .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES	AVERAGE COS PER UNIT/DA \$ .00 .00 .00 .00	MO ST UNITS/DAYS AY PER ELIG	COST PER USER \$ .00 .00 .00 .00	03/14/05  GE  COST PER  ELIGIBLE  \$ .00  .00  .00  .00 .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES	AVERAGE COS PER UNIT/DA \$ .00 .00 .00 .00 .00	MO ST UNITS/DAYS AY PER ELIG .000 .000 .000 .000 .000	COST PER USER \$ .00 .00 .00 .00 .00	03/14/05  GE  COST PER  ELIGIBLE  \$ .00  .00  .00  .00  .00  .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES	AVERAGE COS PER UNIT/DA \$ .00 .00 .00 .00 .00	MO ST UNITS/DAYS AY PER ELIG .000 .000 .000 .000 .000 .000	COST PER USER \$ .00 .00 .00 .00 .00 .00	03/14/05  GE  COST PER  ELIGIBLE  \$ .00  .00  .00  .00  .00  .00  .00  .
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES	AVERAGE COS PER UNIT/DA \$ .00 .00 .00 .00 .00 .00	MO ST UNITS/DAYS AY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER  \$ .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05  GE  COST PER  ELIGIBLE  \$ .00  .00  .00  .00  .00  .00  .00  .
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES	AVERAGE COS PER UNIT/DA \$ .00 .00 .00 .00 .00 .00 .00	MO ST UNITS/DAYS AY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER  \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES	AVERAGE COS PER UNIT/DA \$ .00 .00 .00 .00 .00 .00 .00 .00	MO ST UNITS/DAYS AY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER  \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COS PER UNIT/DE \$ .00 .00 .00 .00 .00 .00 .00	MO ST UNITS/DAYS AY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER  \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES	AVERAGE COS PER UNIT/DA \$ .00 .00 .00 .00 .00 .00 .00 .00	MO ST UNITS/DAYS AY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES	AVERAGE COS PER UNIT/DA \$ .00 .00 .00 .00 .00 .00 .00 .00 .00	MO ST UNITS/DAYS AY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES	AVERAGE COS PER UNIT/DE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00	MO ST UNITS/DAYS AY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05  GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES	AVERAGE COS PER UNIT/DE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00	MO ST UNITS/DAYS AY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05  GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES	AVERAGE COS PER UNIT/DE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MO ST UNITS/DAYS AY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05  GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES	AVERAGE COS PER UNIT/DE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MO ST UNITS/DAYS AY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05  GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  O  O  O  O  O  O  O  O  O  O  O  O  O	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COS PER UNIT/DE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MO ST UNITS/DAYS AY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER  \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05  GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  O  O  O  O  O  O  O  O  O  O  O  O  O	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COS PER UNIT/DE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MO ST UNITS/DAYS AY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05  GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  O  O  O  O  O  O  O  O  O  O  O  O  O	EXPENDITURES	AVERAGE COS PER UNIT/DE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MO ST UNITS/DAYS AY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER  \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O  O  O  O  O  O  O  O  O  O  O  O  O	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COS PER UNIT/DE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MO ST UNITS/DAYS AY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  O  O  O  O  O  O  O  O  O  O  O  O  O	EXPENDITURES	AVERAGE COS PER UNIT/DE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MO ST UNITS/DAYS AY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER  \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00

LEV B-REHAB MD	0	0		.00		.00	.000	.0	0	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.0	0	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.0	0	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.0	0	.00
LEV B-REGULAR	0	0		.00		.00	.000	.0	0	.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$ .0	0 \$	.00
ICF DDH	0	0		.00		.00	.000	.0	0	.00
ICF DD	0	0		.00		.00	.000	.0	0	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.0	0	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .0	0 \$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.0	0	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.0	0	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .0	0 \$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.0	0	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.0		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000		0 \$	.00
PATHOLOGY	0	0		.00		.00	.000	.0	0	.00
XO AND OTHERS	0	0		.00		.00	.000	.0		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$ .0		
CLINIC	0	0		.00		.00	.000	.0	0	.00
SURGICENTER	0	0		.00		.00	.000	.0		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.0		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.0	0	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		JRES M	MONTH-OF-PAYMENT F	REPORT	FOR JAN 2	2004 THRU I	DEC 2004		PAGE 9,060
MOP024	FEE-FOR-SERVICE/D									03/14/05
NEVADA COUNTY	SUMMARY OF SERVIC	ES FOR MN - 1	NO SOC	C - BLIND		AID CODE				
								ONTHLY AVE		
00 ELIGIBLES		NITS OF SERVI		EXPENDITURES			UNITS/DAYS		R	COST PER
_	-	OR DAYS OF CA	RE .		PER	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	Ş	.00	.000			• • •
DURABLE MED. EQUIP.	U	0		.00		.00	.000	.0		.00
BLOOD BANK	O	0		.00		.00	.000	.0	U	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
A+ MOMATO TAL MURCH TIMES AND CITIENT		TATEODAA MITONI IMBA ONII V.					

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,061
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

----- MONTHLY AVERAGE -----2,984 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 2,886 56,189 \$ 2,671,523.04 \$ 47.55 18.830 \$ 925.68 \$ 895.28 744 3,000 40.01 1.005 \$ 161.34 \$ 40.23 @PHYSICIANS SERVICES 120,034.31 309 57.30 OUTPATIENT VISITS 506 17,704.65 34.99 .170 5.93 244 28.44 46.74 OFFICE VISITS 401 11,405.35 .134 3.82 0 .00 .00 0 .000 .00 HOME VISITS .00 71 EMERGENCY ROOM 88 5,840.65 66.37 .029 82.26 1.96 PREVENTIVE CARE 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 OB VISITS/COMPRE PERI OTHER OUTPATIENT 16 17 458.65 26.98 .006 28.67 .15 INPATIENT VISITS 267 14,665.09 54.93 .089 271.58 4.91 49 223 43.68 .075 198.79 HOSPITAL VISITS 9,740.59 5 39 CRITICAL CARE 4,742.40 121.60 .013 948.48 1.59 SNF/ICF/TRANS IP CARE 4 5 182.10 36.42 .002 45.53 .06 OPHTHALMOLOGICAL SERVICES 13 13 581.18 44.71 .004 44.71 .19 13 581.18 44.71 44.71 EXAMINATIONS 13 .004 .19 .00 .00 Ω 0 .00 .00 .000 SERVICES AND MATERIALS 403 14,567.81 36.15 .135 455.24 INPATIENT HOSPITAL SURGERY 4.88 24 37 470.96 PRINCIPAL SURGEON 11,302.95 305.49 .012 3.79 3 410.64 136.88 ASSISTANT SURGEON 3 .001 136.88 .14 ANESTHESIOLOGIST 10 363 2,854.22 7.86 .122 285.42

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	50	200		11,686.29		58.43	.067		233.73		3.92
PRINCIPAL SURGEON	44	52		10,189.05		195.94	.017		231.57		3.41
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	9	148		1,497.24		10.12	.050		166.36		.50
DIALYSIS	10	43		2,359.68		54.88	.014		235.97		.79
	54	135		2,282.74		16.91	.014		42.27		.76
PATHOLOGY				-							
RADIOLOGY	148	417		13,948.80		33.45	.140		94.25		4.67
PSYCHIATRY	1	1		73.29		73.29	.000		73.29		.02
IMMUNIZATION AND INJECTION	10	106		16,693.64		157.49	.036		1669.36		5.59
OTHER SERVICES/ALL X-OVERS	386	909		25,471.14		28.02	.305		65.99		8.54
@PHARMACY	2,148	18,401	\$	1,647,235.83	\$	89.52	6.167	\$	766.87	\$	552.02
PRESCRIPTION DRUGS	2,110	9,531		1,634,754.23		171.52	3.194		774.77		547.84
SNF/ICF	23	225		18,947.35		84.21	.075		823.80		6.35
OUTPATIENTS	2,091	9,306		1,615,806.88		173.63	3.119		772.74		541.49
MEDICAL SUPPLIES	159	8,870		12,481.60		1.41	2.973		78.50		4.18
		•	Ċ		Ċ			Ċ		Ċ	
@DENTIST	145	587	\$	26,238.00	\$	44.70	.197	Ş		Ş	8.79
VISITS - DIAGNOSTIC	85	276		4,506.50		16.33	.092		53.02		1.51
ORAL SURGERY	32	95		5,214.50		54.89	.032		162.95		1.75
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	6	6		708.00		118.00	.002		118.00		.24
ENDODONTICS	6	7		1,370.00		195.71	.002		228.33		.46
RESTORATIVE DENTISTRY	60	158		9,403.00		59.51	.053		156.72		3.15
PROSTHETICS	2	2		60.00		30.00	.001		30.00		.02
	11										
DENTURES, STAYPLATES		42		4,976.00		118.48	.014		452.36		1.67
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	2	1		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES MO	NTH-OF-PAYMENT RI	EPORT	FOR JAN 2	2004 THRU	DEC	2004	P.	AGE 9,062
MOP024	FEE-FOR-SERVICE										03/14/05
NEVADA COUNTY		ICES FOR MN - NO	SOC	- DISABLED 64	6G 6H	611 6V 6X	8G				00/11/00
INDVIIDII COONIII	BOINING OF BLICE	TODO FOR THE	, 500	DIGNEED 01	00 011	00 00 021	M	гомт	HIV AVERA	CF.	
2,984 ELIGIBLES	USERS	INTER OF CERTICE	,	EXPENDITURES	7, 7, 777	RAGE COST					COCH DED
2,904 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							COST PER
0		OR DAYS OF CARE				UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	42	121	\$	2,538.17	\$	20.98	.041	Ş	60.43	Ş	.85
DIAGNOSTIC AND ANC. PROCED	19	19		869.48		45.76	.006		45.76		.29
EYE APPLIANCES	33	93		1,446.61		15.55	.031		43.84		.48
OTHER OPTOMETRIC SERVICES	6	9		222.08		24.68	.003		37.01		.07
@CHIROPRACTOR	15	26	\$	404.97	\$	15.58	.009	\$	27.00	\$	.14
VISITS	13	22		342.76		15.58	.007		26.37		.11
OTHER SERVICES	2	4		62.21		15.55	.001		31.11		.02
@PODIATRIST	20	26	\$	594.76	\$	22.88	.009	Ċ	29.74	Ċ	.20
	13	15	Ą		Ą	28.43		۲	32.80	۲	
MEDICINE/INJECTIONS				426.40			.005				.14
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	2	2		48.44		24.22	.001		24.22		.02
OTHER	7	9		119.92		13.32	.003		17.13		.04
@HOME HEALTH AGENCY	1 2	96	\$	4,907.79	\$	51.12	.032	\$	377.52	\$	1.64
NURSE ANESTHESIST	13		\$	65.11	Ċ	2.71	.008	\$	65.11	ċ	.02
NONDE INNECTION	13	24	۲	03.11	\$	Z • / I	.000	Y	00.11	ې	
					\$ \$						
NURSE MIDWIFE	1 0	0	\$	.00	\$ \$ \$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	1 0 0	0	\$ \$	.00	2 4 4 4	.00	.000	\$ \$	.00	\$ \$	.00
NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	1 0 0 4	0 0 5	\$ \$ \$	.00 .00 84.20	2 4 4 4 6	.00 .00 16.84	.000 .000 .002	\$ \$ \$	.00 .00 21.05	\$ \$ \$	.00 .00 .03
NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	1 0 0 4 563	0 0 5 3,409	\$ \$	.00 .00 84.20 575,962.26	\$ \$ \$ \$ \$	.00 .00 16.84 168.95	.000 .000 .002 1.142	\$ \$ \$	.00 .00 21.05 1023.02	\$ \$ \$	.00 .00 .03 193.02
NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	1 0 0 4 563 70	0 0 5 3,409 322	\$ \$ \$	.00 .00 84.20 575,962.26 455,541.62	\$ \$ \$ \$	.00 .00 16.84 168.95 1414.73	.000 .000 .002 1.142 .108	\$ \$ \$ \$	.00 .00 21.05 1023.02 6507.74	\$ \$ \$	.00 .00 .03 193.02 152.66
NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	1 0 0 4 563	0 0 5 3,409	\$ \$ \$	.00 .00 84.20 575,962.26	\$ \$ \$ \$	.00 .00 16.84 168.95	.000 .000 .002 1.142	\$ \$ \$ \$	.00 .00 21.05 1023.02	\$ \$ \$	.00 .00 .03 193.02

NON-HSC HOSPITAL TOTAL	28	123		100 701 07	1469.12	.041	6453.64		60.56
ACCOMMODATIONS	28	123		93,795.75		.041	3349.85		31.43
ADMINISTRATIVE DAYS	0	123		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
	-	123		93,795.75	762.57	.041	3349.85		31.43
ALL OTHER ACCOM ANCILLARIES	20	123		86,906.22	.00	.000	3103.79		29.12
ANCILLARIES	28 28 26	ŭ		•					7.09
INPATIENT CROSSOVERS	2 b 0	0		21,170.65	.00	.000	814.26		
ALL OTHER INPATIENT	0 515	0 0 3 <b>,</b> 087		.00 120,420.64	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	212	3,08/		120,420.64	39.01	1.035	233.83		40.36
MEDICAL	68	131		5,461.48	41.69	.044	80.32		1.83
SURGERI	30	39		1,843.56	47.27 10.75	.013	51.21		.62
PATHOLOGY	213	1,065		11,447.96	10.75	.357	53.75		3.84
RADIOLOGY	114	277		22,916.57	82./3	.093	201.02		7.68
ROOM USE	136	218		9,865.42	82.73 45.25 50.76	.073	72.54		3.31
CROSSOVERS/ALL OTH OUTPTNT		1,357	_				246.02	_	23.09
@COUNTY HOSPITAL TOTAL	7	85	\$	•	\$ 1241.15		\$ 15071.12	Ş	35.35
CO HOSPITAL INPATIENT TOTAL	3	78		104,947.94	1345.49		34982.65		35.17
HSC HOSPITALS	3	77		104,104.00	1352.00	.026	34701.33		34.89
NON-HSC HOSPITALS TOTAL	1	1		843.94	843.94	.000	843.94		.28
ACCOMMODATIONS	1	1		231.30	231.30	.000	231.30		.08
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	1	1		231.30	231.30	.000	231.30		.08
ANCILLARIES	1	0		612.64	.00	.000	612.64		.21
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	4	7		549.87	78.55	.002	137.47		.18
MEDICAL	1	1		46.54	46.54	.000	46.54		.02
SURGERY	1	2		125.40	62.70	.001	125.40		.04
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	2	2		305.36	152.68	.001	152.68		.10
ROOM USE	2	2		72.57	36.29	.001	36.29		.02
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITU	RES MO	ONTH-OF-PAYMENT RI	EPORT FOR JAN	2004 THRU	DEC 2004	PA	GE 9,063
MOP024	FEE-FOR-SERVICE/DENT	'AL							03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES	FOR MN - N	o soc	- DISABLED 64	6G 6H 6U 6V 6X	8G			
						M	ONTHLY AVERA	GE -	
0 004 ELEGEDIES	HODDO HULL		_	ELIDENID FELIDE O	31100300 0000		C CCCE DED	~	OGE DED

				1101		O <u>—</u>
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
556	3 <b>,</b> 324 \$	470,464.45	\$ 141.54	1.114 \$	846.16	\$ 157.66
67	244	350 <b>,</b> 593.68	1436.86	.082	5232.74	117.49
15	122	149,565.00	1225.94	.041	9971.00	50.12
27	122	179,858.03	1474.25	.041	6661.41	60.27
27	122	93,564.45	766.92	.041	3465.35	31.36
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
27	122	93,564.45	766.92	.041	3465.35	31.36
27	0	86,293.58	.00	.000	3196.06	28.92
26	0	21,170.65	.00	.000	814.26	7.09
0	0	.00	.00	.000	.00	.00
511	3,080	119,870.77	38.92	1.032	234.58	40.17
67	130	5,414.94	41.65	.044	80.82	1.81
35	37	1,718.16	46.44	.012	49.09	.58
213	1,065	11,447.96	10.75	.357	53.75	3.84
112	275	22,611.21	82.22	.092	201.89	7.58
134	216	9,792.85	45.34	.072	73.08	3.28
	556 67 15 27 27 0 0 27 27 26 0 511 67 35 213	OR DAYS OF CARE  556 3,324 67 244 15 122 27 122 27 122 0 0 0 0 27 122 27 0 26 0 0 511 3,080 67 130 35 37 213 1,065 112 275	OR DAYS OF CARE  556  3,324  470,464.45  67  244  350,593.68  15  122  149,565.00  27  122  179,858.03  27  122  93,564.45  0  0  0  0  0  27  122  93,564.45  27  0  86,293.58  26  0  21,170.65  0  0  511  3,080  119,870.77  67  130  5,414.94  35  37  1,718.16  213  1,065  11,447.96  112  275  22,611.21	OR DAYS OF CARE  556  3,324  470,464.45  5141.54  67  244  350,593.68  1436.86  15  122  149,565.00  1225.94  27  122  179,858.03  1474.25  27  122  93,564.45  766.92  0  0  0  0  0  0  0  0  0  27  122  93,564.45  766.92  27  0  86,293.58  00  26  0  0  21,170.65  00  0  511  3,080  119,870.77  38.92  67  130  5,414.94  41.65  35  37  1,718.16  46.44  213  1,065  11,447.96  10.75  112  275  22,611.21	OR DAYS OF CARE  556  3,324  470,464.45  5141.54  1.114  67  244  350,593.68  1436.86  .082  15  122  149,565.00  1225.94  .041  27  122  179,858.03  1474.25  .041  27  122  93,564.45  766.92  .041  0  0  0  0  0  0  0  0  0  0  0  0  0	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           556         3,324         \$ 470,464.45         \$ 141.54         1.114         \$ 846.16           67         244         350,593.68         1436.86         .082         5232.74           15         122         149,565.00         1225.94         .041         9971.00           27         122         179,858.03         1474.25         .041         6661.41           27         122         93,564.45         766.92         .041         3465.35           0         0         .00         .00         .00         .00           27         122         93,564.45         766.92         .041         3465.35           27         0         86,293.58         .00         .000         .00           27         122         93,564.45         766.92         .041         3465.35           27         0         86,293.58         .00         .000         3196.06           26         0         21,170.65         .00         .000         .00           511         3,080         119,870.77         38.92         1.032         234.58           67 <t< td=""></t<>

CROSSOVERS/ALL OTH OUTPTNT		1,357		68,885.65		50.76	.455		246.02		23.09
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	13	337	\$	48,361.57	\$	143.51		\$	3720.12	\$	16.21
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0 13 0	337		48,361.57		143.51	.113		3720.12		16.21
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	37	951	\$	45,362.21	\$	47.70	.319	\$	1226.01	\$	15.20
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	37	951		45,362.21		47.70	.319		1226.01		15.20
@REHABILITATION FACILITY	7	85	\$	1,373.11	\$	16.15	.028	\$	196.16	\$	.46
HOSPITAL BASED	1	3		68.34		22.78	.001		68.34		.02
INDEPENDENT FACILITY	6	82		1,304.77		15.91	.027		217.46		.44
@LABORATORY FACILITY	44	177	\$	2,344.06	\$	13.24	.059	\$	53.27	\$	.79
PATHOLOGY	40	164		2,214.71		13.50	.055		55.37		.74
XO AND OTHERS	4	13		129.35		9.95	.004		32.34		.04
@ORGANIZED OUTPATIENT CLINIC	298	536	\$	51,365.99	\$	95.83	.180	\$	172.37	\$	17.21
CLINIC	45	74		2,436.17		32.92	.025		54.14		.82
SURGICENTER	3	13		161.08		12.39	.004		53.69		.05
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	250	449		48,768.74		108.62	.150		195.07		16.34
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	RES M	MONTH-OF-PAYMENT F	REPORT	FOR JAN 2	2004 THRU	DEC	2004	PA	AGE 9,064
MOP024	FEE-FOR-SERVICE	E/DENTAL									03/14/05
NEVADA COUNTY	SUMMARY OF SERV	VICES FOR MN - NO	SOC	C - DISABLED 64	6G 6E	4 6U 6V 6X	8G				
									HLY AVERA	GE -	
2,984 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	.S	COST PER	(	COST PER
	336	OR DAYS OF CARE	3		PEF	R UNIT/DAY	PER ELIG	;	USER	I	ELIGIBLE
@ALL OTHER PROVIDERS	336	28,408	\$	144,650.70	\$	5.09	9.520	\$	430.51	\$	48.48
DURABLE MED. EQUIP.	13	76		11,967.38		157.47	.025		920.57		4.01
BLOOD BANK	0	0		.00		.00	.000		.00		.00
BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	38 34	447		6,712.28		15.02	.150		176.64		2.25
AMBULANCES/AIR TRANS	34	431		4,885.31		11.33	.144		143.69		1.64
OTHER TRANS	1	4		21.55		5.39	.001		21.55		.01
OTHER SERVICES	4	12		1,805.42		150.45	.004		451.36		.61
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	5	134		9,323.72		69.58	.045		1864.74		3.12
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	43	1,386		57,710.83		41.64	.464		1342.11		19.34
ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	0	0		.00		.00	.000		.00		.00
OPTICIAN	54	120		1,432.40		11.94	.040		26.53		.48
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
DDOGELLEET OF /ODELLOET OF	_	1 -		2 265 06		1 5 7 6 7	005		204 10		7.0

PROSTHETICS

ORTHOTICS

PSYCHOLOGIST

PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

0 6 6

0

15

15

0

0

12

2,365.06

1,598.46

2,365.06

.00

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.00

157.67

157.67

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133.21

.005

.005

.000

.000

.004

394.18

394.18

.00

199.81

.00

.79

.79

.00

.00

HOSPICE SERVICES	3	53		6,291.36	118.70	.018	2097.12	2.11
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	73	19,176		40,056.27	2.09	6.426	548.72	13.42
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	111	6 <b>,</b> 989		7,192.94	1.03	2.342	64.80	2.41
@CALIF. CHILDREN SERVICES*	18	141	\$	8,438.34	\$ 59.85	.047	\$ 468.80	\$ 2.83
@XOVER EXCLUDING STATE HOSP**	522	2,696	\$	72,129.24	\$ 26.75	.903	\$ 138.18	\$ 24.17
0* TOTALS IN THESE LINES ARE GIVEN	I AS A SEPARATE	T TNFORMATION	TTEM ONLY	•				

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,065 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 NEVADA COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

					MON	THLY AVERA	GE
35,581 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	17,182	96 <b>,</b> 351	\$ 5,548,639.63	\$ 57.59	2.708	322.93	\$ 155.94
@PHYSICIANS SERVICES	7 <b>,</b> 179	20,720	\$ 772,343.55	\$ 37.28	.582	107.58	\$ 21.71
OUTPATIENT VISITS	5 <b>,</b> 399	7,521	284,381.61	37.81	.211	52.67	7.99
OFFICE VISITS	3,634	4,843	148,166.18	30.59	.136	40.77	4.16
HOME VISITS	2	2	164.55	82.28	.000	82.28	.00
EMERGENCY ROOM	1,924	2,383	118,427.48	49.70	.067	61.55	3.33
PREVENTIVE CARE	2	2	92.22	46.11	.000	46.11	.00
OB VISITS/COMPRE PERI	116	187	14,361.63	76.80	.005	123.81	.40
OTHER OUTPATIENT	97	104	3,169.55	30.48	.003	32.68	.09
INPATIENT VISITS	311	1,107	67 <b>,</b> 276.35	60.77	.031	216.32	1.89
HOSPITAL VISITS	300	898	41,011.64	45.67	.025	136.71	1.15
CRITICAL CARE	29	209	26,264.71	125.67	.006	905.68	.74
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	88	107	4,543.89	42.47	.003	51.64	.13

EXAMINATIONS	87	106		4,508.60		42.53	.003		51.82		.13
SERVICES AND MATERIALS	1	1		35.29		35.29	.000		35.29		.00
INPATIENT HOSPITAL SURGERY	332	2,069		165,734.10		80.10	.058		499.20		4.66
PRINCIPAL SURGEON	224	273		136,118.67		498.60	.008		607.67		3.83
ASSISTANT SURGEON	31	31		4,996.95		161.19	.001		161.19		.14
ANESTHESIOLOGIST	124	1,765		24,618.48		13.95	.050		198.54		.69
OUTPATIENT SURGERY	682	2,421		94,158.62		38.89	.068		138.06		2.65
PRINCIPAL SURGEON	614	768		79,854.95		103.98	.022		130.06		2.24
ASSISTANT SURGEON	3	3		251.93		83.98	.000		83.98		.01
ANESTHESIOLOGIST	108	1,650		14,051.74		8.52	.046		130.11		.39
DIALYSIS	1	1		56.60		56.60	.000		56.60		.00
PATHOLOGY	664	1,171		19,700.56		16.82	.033		29.67		.55
RADIOLOGY	1,555	2,434		73,132.20		30.05	.068		47.03		2.06
PSYCHIATRY	8	8		586.32		73.29	.000		73.29		.02
IMMUNIZATION AND INJECTION	199	413		16,559.48		40.10	.012		83.21		.47
OTHER SERVICES/ALL X-OVERS	813	3,468		46,213.82		13.33	.097		56.84		1.30
@PHARMACY	7,701	30,332	\$	1,208,278.56	\$	39.84	.852	\$	156.90	\$	33.96
PRESCRIPTION DRUGS	7,634	17,860		1,189,320.89		66.59	.502		155.79		33.43
SNF/ICF	2	4		73.23		18.31	.000		36.62		.00
OUTPATIENTS	7,632	17,856		1,189,247.66		66.60	.502		155.82		33.42
MEDICAL SUPPLIES	189	12,472		18,957.67		1.52	.351		100.31		.53
@DENTIST	1,359	5,964	\$	204,269.20	\$	34.25	.168	\$	150.31	\$	5.74
VISITS - DIAGNOSTIC	959	3,679		63,128.20		17.16	.103		65.83		1.77
ORAL SURGERY	189	482		28,783.00		59.72	.014		152.29		.81
DRUGS	57	68		1,440.00		21.18	.002		25.26		.04
ANESTHESIA	2	4		300.00		75.00	.000		150.00		.01
PERIODONTICS	8	8		670.00		83.75	.000		83.75		.02
ENDODONTICS	98	185		25 <b>,</b> 367.00		137.12	.005		258.85		.71
RESTORATIVE DENTISTRY	496	1,295		68 <b>,</b> 899.60		53.20	.036		138.91		1.94
PROSTHETICS	2	2		60.00		30.00	.000		30.00		.00
DENTURES, STAYPLATES	34	110		11,248.40		102.26	.003		330.84		.32
SPACE MAINTAINERS	14	19		1,720.00		90.53	.001		122.86		.05
MAXILLOFACIAL SERVICES	1	1		48.00		48.00	.000		48.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	39	40		2,080.00		52.00	.001		53.33		.06
ALL OTHER SERVICES	52	71		525.00		7.39	.002		10.10		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES MC	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	P.	AGE 9,066
MOP024	FEE-FOR-SERVICE/DEN	TAL									03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES	FOR MN-NOS	OC-FAM	1 34 39 3N 3T 3V 5	54 59	5J 5W-5	Y 6J 7J 7K				

----- MONTHLY AVERAGE -----35,581 ELIGIBLES EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 364 1,065 24,126.53 \$ 22.65 .030 \$ 66.28 \$ .68 279 290 44.77 43.07 .008 DIAGNOSTIC AND ANC. PROCED 12,491.73 EYE APPLIANCES 270 761 11,397.30 14.98 .021 42.21 .32 OTHER OPTOMETRIC SERVICES 10 14 237.50 16.96 .000 23.75 .01 210 320 5,233.36 \$ 16.35 .009 \$ 24.92 \$ @CHIROPRACTOR 210 320 VISITS 5,233.36 16.35 .009 24.92 .15 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 53 @PODIATRIST 38 2,124.29 \$ 40.08 .001 \$ 55.90 \$ 39 1,269.87 32.56 36.28 MEDICINE/INJECTIONS 35 .001 .04 6 6 464.37 77.40 .000 77.40 .01 SURGERY/ANES. RADIO./PATHOLOGY 84.34 16.87 .000 21.09 3 3 305.71 OTHER 101.90 .000 101.90 .01 19 3,958.49 \$ 63.85 @HOME HEALTH AGENCY .002 \$ 208.34 \$ .11 NURSE ANESTHESIST .00 \$ .000 \$ .00 \$

NURSE MIDWIFE	29	118	\$	10,798.07	\$	91.51	.003	\$	372.35	\$	.30
PEDIATRIC NURSE PRACTITIONER	1	1	\$	57.20	\$	57.20			57.20	\$	.00
FAMILY NURSE PRACTITIONER	107	125	\$		\$						.09
@TOTAL HOSPITAL	4,455	20,944	\$		\$	130.77	.589	\$	614.80	\$	76.98
HOSP INPATIENT TOTAL	322	1,430		2,192,801.33		1533.43			6809.94		61.63
HSC HOSPITALS	57	472		671,785.07		1423.27			11785.70		18.88
NON-HSC HOSPITAL TOTAL	265	958		1,516,203.35		1582.68			5721.52		42.61
ACCOMMODATIONS	265	958				411.71			1488.39		11.09
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	265	958		394,422.30		411.71	.027		1488.39		11.09
ANCILLARIES	265	0		1,121,781.05		.00	.000		4233.14		31.53
INPATIENT CROSSOVERS	6	0		1 010 01		.00	.000		802.15		.14
ALL OTHER INPATIENT	0	0 19,514		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	4,316	19,514		546,131.28		27.99			126.54		15.35
MEDICAL	751	1,006		43,458.97		43.20	.028		57.87		1.22
SURGERY	448	531		14,560.59		27.42	.015		32.50		.41
PATHOLOGY	1,755	6 <b>,</b> 255		83,199.74		13.30	.176		47.41		2.34
RADIOLOGY	1,276	1,728		123,475.31		71.46	.049		96.77		3.47
ROOM USE	2,804	3 <b>,</b> 898		146,939.33		37.70	.110		52.40		4.13
CROSSOVERS/ALL OTH OUTPINT	1,861	6,096		134,497.34		22.06	.171		72.27		3.78
@COUNTY HOSPITAL TOTAL	11	70	\$	2,184.79	\$	31.21	.002	\$	198.62	\$	.06
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	11	70		2 <b>,</b> 184.79		31.21	.002		198.62		.06
MEDICAL	3	3		167.39		55.80			55.80		.00
SURGERY	4	7		208.37		29.77			52.09		.01
PATHOLOGY	5	22		564.27		25.65			112.85		.02
RADIOLOGY	2	5		122.40		24.48	.000		61.20		.00
ROOM USE	8	16		913.67		57.10			114.21		.03
CROSSOVERS/ALL OTH OUTPINT		17		208.69		12.28	.000		26.09		.01
	MEDI-CAL SERVICES A		RES MO	ONTH-OF-PAYMENT RE	EPORI	FOR JAN	2004 THRU	DEC	2004		E 9,067
MOP024	FEE-FOR-SERVICE/DEN										03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES	FOR MN-NOS	OC-FAN	4 34 39 3N 3T 3V 5	54 59	5J 5W-5					
							M	ONT:	HLY AVERA	GE	

----- MONTHLY AVERAGE -----USERS 35,581 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 20,874 \$ 2,736,747.82 .587 \$ 615.41 \$ @COMMUNITY HOSPITAL TOTAL 4,447 \$ 131.11 76.92 COMM HOSP INPATIENT TOTAL 1,430 2,192,801.33 1533.43 .040 6809.94 61.63 HSC HOSPITALS 57 472 671,785.07 1423.27 .013 11785.70 18.88 NON-HSC HOSPITALS TOTAL 265 958 1,516,203.35 1582.68 .027 5721.52 42.61 265 958 394,422.30 411.71 1488.39 11.09 ACCOMMODATIONS .027 0 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 .000 0 TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 265 958 394,422.30 ALL OTHER ACCOM 411.71 .027 1488.39 11.09 ANCILLARIES 265 0 1,121,781.05 .00 4233.14 31.53 .000 INPATIENT CROSSOVERS 6 0 4,812.91 .00 .000 802.15 .14 0 ALL OTHER INPATIENT .00 .00 .000 .00 .00

COMM HOSP OUTPATIENT TOTAL	4,308	19,444		543,946.49		27.98	.546		126.26		15.29
MEDICAL	748	1,003		43,291.58		43.16	.028		57.88		1.22
SURGERY	4 4 4	524		14,352.22		27.39	.015		32.32		.40
PATHOLOGY	1,750	6 <b>,</b> 233		82,635.47		13.26	.175		47.22		2.32
RADIOLOGY	1,274	1,723		123,352.91		71.59	.048		96.82		3.47
ROOM USE	2,797	3,882		146,025.66		37.62	.109		52.21		4.10
CROSSOVERS/ALL OTH OUTPTNT	1,855	6,079		134,288.65		22.09	.171		72.39		3.77
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	88.88	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		88.88		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	3	8	\$	2,687.96	\$	336.00	.000	\$	895.99	\$	.08
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	3	8		2,687.96		336.00	.000		895.99		.08
@REHABILITATION FACILITY	15	71	\$	4,541.55	\$	63.97	.002	\$	302.77	\$	.13
HOSPITAL BASED	15	71		4,541.55		63.97	.002		302.77		.13
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	719	1,649	\$	28,506.12	\$	17.29	.046	\$	39.65	\$	.80
PATHOLOGY	718	1,648		28,494.72		17.29	.046		39.69		.80
XO AND OTHERS	1	1		11.40		11.40	.000		11.40		.00
@ORGANIZED OUTPATIENT CLINIC	2,580	4,143	\$	413,466.22	\$	99.80	.116	\$	160.26	\$	11.62
CLINIC	984	1,659		52,110.01		31.41	.047		52.96		1.46
SURGICENTER	11	61		2,126.84		34.87	.002		193.35		.06
HEROIN DETOX CLINIC	1	7		102.20		14.60	.000		102.20		.00
RURAL HEALTH CLINIC	1,611	2,416		359,127.17		148.65	.068		222.92		10.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	) EXPENDITU	JRES 1	MONTH-OF-PAYMENT RI	EPOR	r for jan 2	2004 THRU	DEC	2004	PI	GE 9,068
MOP024	FEE-FOR-SERVICE/DENTA	AL.									03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES F	OR MN-NOS	OC-FA	AM 34 39 3N 3T 3V 5	54 59	9 5J 5W-5Y	6J 7J 7K				

----- MONTHLY AVERAGE -----35,581 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1,543 10,776 126,027.22 81.68 \$ @ALL OTHER PROVIDERS 11.70 .303 \$ 3.54 51 22.30 236.59 DURABLE MED. EQUIP. 541 12,065.86 .015 .34 0 .00 .00 BLOOD BANK .00 .00 .000 3 473.26 HEARING AID DISPENSERS 3 1,419.78 473.26 .000 .04 MEDICAL TRANSPORTATION 164 1,795 35,185.14 19.60 .050 214.54 .99 AMBULANCES/AIR TRANS 161 1,777 24,338.90 13.70 .050 151.17 0 0 .00 .00 OTHER TRANS .00 .000 .00 OTHER SERVICES 12 18 10,846.24 602.57 .001 903.85 .30 27.03 27.03 .00 ACUPUNCTURE 27.03 .000 0 0 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 GENETIC DISEASE TESTING 59 60 6,300.00 105.00 .002 106.78 .18 .00 .00 .00 .00 .000 IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 .00 .00 .00 OCCUPATIONAL THERAPIST .00 .000 OPTICIAN 296 634 5,701.87 8.99 19.26 .018 .16 PHYSICAL THERAPIST .00 .00 .000 .00 .00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	39	46	3 <b>,</b> 991.35	86.77	.001	102.34	.11
PROSTHETICS	39	46	3,991.35	86.77	.001	102.34	.11
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	16	37	3,590.27	97.03	.001	224.39	.10
HOSPICE SERVICES	1	13	1,583.79	121.83	.000	1583.79	.04
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	888	7,296	54,496.11	7.47	.205	61.37	1.53
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	44	350	1,666.02	4.76	.010	37.86	.05
@CALIF. CHILDREN SERVICES*	167	2,762	\$ 442,618.14	\$ 160.25	.078	\$ 2650.41	\$ 12.44
@XOVER EXCLUDING STATE HOSP**	121	1,262	\$ 12,612.77	\$ 9.99	.035	\$ 104.24	\$ .35

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,069
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

----- MONTHLY AVERAGE -----41,714 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 22,703 179,264 9,413,867.64 52.51 4.297 \$ 414.65 \$ 225.68 8,312 25,204 36.17 109.66 \$ @PHYSICIANS SERVICES 911,533.68 .604 \$ 21.85 5,721 8,048 302,885.46 37.63 .193 52.94 OUTPATIENT VISITS 5,259 41.17 OFFICE VISITS 3,885 159,948.51 30.41 .126 3.83 82.28 HOME VISITS 164.55 82.28 .000 .00 EMERGENCY ROOM 2,000 2,476 124,671.15 50.35 .059 62.34 2.99 PREVENTIVE CARE 92.22 46.11 .000 46.11 .00 123.81 OB VISITS/COMPRE PERI 116 187 14,361.63 76.80 .004 114 122 29.90 OTHER OUTPATIENT 3,647.40 .003 31.99 .09 1,382 1,127 368 INPATIENT VISITS 82,196.74 59.48 .033 223.36 1.97 351 51,007.53 .027 145.32 HOSPITAL VISITS CRITICAL CARE 35 250 31,007.11 124.03 .006 885.92 .74 SNF/ICF/TRANS IP CARE 4 5 182.10 36.42 .000 45.53 .00 OPHTHALMOLOGICAL SERVICES 104 125 5,363.09 42.90 .003 51.57 .13 124 42.97 103 5,327.80 .003 51.73 EXAMINATIONS .13 1 SERVICES AND MATERIALS 1 35.29 35.29 .000 35.29 .00 1 370 2,486 INPATIENT HOSPITAL SURGERY 181,291.99 .060 489.98 252 316 147,863.17 467.92 .008 586.76 PRINCIPAL SURGEON 3.54 35 ASSISTANT SURGEON 35 5,782.12 165.20 .001 165.20 .14 2,135 2,634 135 12.95 204.79 ANESTHESIOLOGIST 27,646.70 .051 737 OUTPATIENT SURGERY 108,004.30 41.00 .063 146.55 2.59 662 824 91,925.44 111.56 .020 138.86 PRINCIPAL SURGEON 2.20 3 251.93 83.98 .000 83.98 ASSISTANT SURGEON 119 15,826.93 ANESTHESIOLOGIST 1,807 8.76 .043 133.00 .38 11 44 2,416.28 54.92 .001 219.66 DIALYSIS .06 720 1,308 30.55 PATHOLOGY 16.82 .031 .53 21,999.46 1,712 2,867 87,407.05 30.49 RADIOLOGY .069 51.06 2.10 9 659.61 73.29 .000 73.29 .02 PSYCHIATRY 209 519 33,253.12 64.07 .012 159.11 .80 IMMUNIZATION AND INJECTION 1,564 5,782 86,056.58 OTHER SERVICES/ALL X-OVERS 14.88 .139 55.02 2.06 12,067 67,336 3,491,866.78 1.614 \$ 289.37 \$ @PHARMACY 51.86 83.71 PRESCRIPTION DRUGS 11,952 37,284 3,456,025.35 92.69 .894 289.16 82.85

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	151	1,013	60,715.81	59.94	.024	402.09	1.46
OUTPATIENTS	11,820	36,271	3,395,309.54	93.61	.870	287.25	81.39
MEDICAL SUPPLIES	417	30,052	35,841.43	1.19	.720	85.95	.86
@DENTIST	1,590	6,863 \$	244,678.20	\$ 35.65	.165	\$ 153.89	\$ 5.87
VISITS - DIAGNOSTIC	1,093	4,104	69,893.70	17.03	.098	63.95	1.68
ORAL SURGERY	236	615	35,964.50	58.48	.015	152.39	.86
DRUGS	57	68	1,440.00	21.18	.002	25.26	.03
ANESTHESIA	2	4	300.00	75.00	.000	150.00	.01
PERIODONTICS	15	15	1,433.00	95.53	.000	95.53	.03
ENDODONTICS	107	195	27,497.00	141.01	.005	256.98	.66
RESTORATIVE DENTISTRY	586	1,522	82,249.60	54.04	.036	140.36	1.97
PROSTHETICS	4	4	120.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	59	197	21,407.40	108.67	.005	362.84	.51
SPACE MAINTAINERS	14	19	1,720.00	90.53	.000	122.86	.04
MAXILLOFACIAL SERVICES	1	1	48.00	48.00	.000	48.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	39	40	2,080.00	52.00	.001	53.33	.05
ALL OTHER SERVICES	57	79	525.00	6.65	.002	9.21	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES :	MONTH-OF-PAYMENT F	REPORT FOR JAN	2004 THRU DE	EC 2004	PAGE 9,070
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR MN - NO SO	C - TOTAL				
					MON	NTHLY AVERA	GE
41,714 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	443	1,305 \$	28,862.05		.031	\$ 65.15	\$ .69
DIAGNOSTIC AND ANC. PROCED	307	318	13,733.78	43.19	.008	44.74	.33
EYE APPLIANCES	336	959	14,603.00		.023	43.46	.35
OTHER OPTOMETRIC SERVICES	19	28	525.27	18.76	.001	27.65	.01
O GUITE O DE A GEOR	227	250 6	F 70F 01	ć 1 C 2 O	000		Ć 1.4

350 \$

342

147 \$

223

4

103

227

OTHER OPTOMETRIC SERVICES @CHIROPRACTOR

VISITS

OTHER SERVICES

@PODIATRIST

.008

.000

.008 \$

16.30

16.14

5,705.21 \$ 16.30

3,306.56 \$ 22.49

5,576.12 129.09

25.13 \$

25.01 32.27

.004 \$ 32.10 \$

.14

.13

.00

.08

MEDICINE/INJECTIONS	48	54		1,696.27	31.41	.001	35.34		.04
SURGERY/ANES.	6	6		464.37	77.40	.000	77.40		.01
RADIO./PATHOLOGY	6	7		132.78	18.97	.000	22.13		.00
OTHER	55	80		1,013.14	12.66	.002	18.42		.02
@HOME HEALTH AGENCY			\$		\$ 57.28	.004			.23
NURSE ANESTHESIST	1	24	\$	65.11	\$ 2.71	.001			.00
NURSE MIDWIFE	29	118	\$		\$ 91.51	.003			.26
PEDIATRIC NURSE PRACTITIONER		1	\$		\$ 57.20	.000			.00
FAMILY NURSE PRACTITIONER	112	131	\$		\$ 25.08	.003			.08
@TOTAL HOSPITAL	5,305	25 <b>,</b> 371	\$		\$ 134.00	.608	\$ 640.86	\$	81.50
HOSP INPATIENT TOTAL	440	1,771		2,713,181.84	1532.01	.042	6166.32		65.04
HSC HOSPITALS	76	675		932,654.07	1381.71	.016	12271.76		22.36
NON-HSC HOSPITAL TOTAL	296	1,096		1,719,354.31	1568.75	.026	5808.63		41.22
ACCOMMODATIONS	296	1,096		493,572.46	450.34	.026	1667.47		11.83
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	296	1,096		493,572.46	450.34	.026	1667.47		11.83
ANCILLARIES	296	0		1,225,781.85	.00	.000	4141.15		29.39
INPATIENT CROSSOVERS	76	0		61,173.46	.00	.000	804.91		1.47
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	5,076	23,600		686,605.27	29.09	.566	135.27		16.46
MEDICAL	824	1,144		49,115.92	42.93	.027	59.61		1.18
SURGERY	485	571		16,423.58	28.76	.014	33.86		.39
PATHOLOGY	1,982	7,364		95,290.80	28.76 12.94	.177	48.08		2.28
RADIOLOGY	1,394	2,009		146,493.95	72.92	.048	105.09		3.51
ROOM USE	2,951	4,130		157 291 69	38.09	.099	53.30		3.77
CROSSOVERS/ALL OTH OUTPINT		8,382		221,989.33	26.48	.201	93.71		5.32
@COUNTY HOSPITAL TOTAL	18	155	\$	107,682.60	\$ 694.73	.004	\$ 5982.37	\$	2.58
CO HOSPITAL INPATIENT TOTAL		78		104,947.94	\$ 694.73 1345.49	.002	34982.65		2.52
HSC HOSPITALS	3	77		104,104.00	1352.00	.002	34701.33		2.50
NON-HSC HOSPITALS TOTAL	3 1 1 0	1		843.94	843.94	.000	843.94		.02
ACCOMMODATIONS	1	1		231.30	231.30	.000	231.30		.01
ADMINISTRATIVE DAYS		0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	1	1		231.30	231.30	.000	231.30		.01
ANCILLARIES	1	0		612.64	.00	.000	612.64		.01
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0 15	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	15	77		2,734.66	35.52	.002	182.31		.07
MEDICAL	4	4		213.93	53.48	.000	53.48		.01
SURGERY	5	9		333.77	37.09	.000	66.75		.01
PATHOLOGY	5	22		564.27	25.65	.001	112.85		.01
RADIOLOGY	4	7		427.76	61.11		106.94		.01
ROOM USE	10	18		986.24	54.79	.000	98.62		.02
CROSSOVERS/ALL OTH OUTPTNT		17		208.69	12.28	.000	26.09		.01
		ES AND EXPENDITURE	S MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2004 THRU D	EC 2004	PA	AGE 9,071
MOP024	FEE-FOR-SERVICE								03/14/05
NEVADA COUNTY	SUMMARY OF SERV	VICES FOR MN - NO	SOC	- TOTAL				~-	
41 714 51 50 50 50							NTHLY AVERA		
41,714 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
OCCUMUNITAL HOODIEST BOTTS	F 000	OR DAYS OF CARE	Ċ	2 200 104 51	PER UNIT/DAY		USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	5 <b>,</b> 290	•	\$	3,292,104.51	\$ 130.56		\$ 622.33	Þ	78.92
COMM HOSP INPATIENT TOTAL	437	1,693		2,608,233.90	1540.60	.041	5968.50		62.53
HSC HOSPITALS	73	598		828,550.07	1385.54	.014	11350.00		19.86
NON-HSC HOSPITALS TOTAL	295 295	1,095		1,718,510.37	1569.42	.026	5825.46		41.20 11.83
ACCOMMODATIONS	293	1,095		493,341.16	450.54	.026	1672.34		11.03

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	295	1,095		493,341.16		450.54	.026		1672.34		11.83
ANCILLARIES	295	. 0		1,225,169.21		.00	.000		4153.12		29.37
INPATIENT CROSSOVERS	76	0		61,173.46		.00	.000		804.91		1.47
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	5,064	23,523		683,870.61		29.07	.564		135.05		16.39
MEDICAL	820	1,140		48,901.99		42.90	.027		59.64		1.17
SURGERY	480	562		16,089.81		28.63	.013		33.52		.39
PATHOLOGY	1,977	7,342		94,726.53		12.90	.176		47.91		2.27
RADIOLOGY	1,390	2,002		146,066.19		72.96	.048		105.08		3.50
ROOM USE	2,942	4,112		156,305.45		38.01	.099		53.13		3.75
CROSSOVERS/ALL OTH OUTPINT		8,365		221,780.64		26.51	.201		93.86		5.32
@STATE HOSPITAL	2,303	0	\$	.00	\$	.00	.000	Ċ	.00	Ġ	.00
MENTALLY ILL	0	0	Ÿ	.00	Ÿ	.00	.000	Y	.00	Y	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	122	2 <b>,</b> 577	\$	346,147.61	\$	134.32	.062	\$	2837.28	Ċ	8.30
LEV A-INTERMEDIATE	0	2,377	Ą	.00	Ą	.00	.002	۲	.00	۲	.00
	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	•	0		.00		.00			.00		
LEV B-SUBACUTE FREESTANDING	, 0	0					.000				.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE		0		.00		.00	.000		.00		.00
LEV B-REGULAR	122	2,577	<u> </u>	346,147.61	<u> </u>	134.32	.062	<u>^</u>	2837.28	<u>^</u>	8.30
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	_	.00	_	.00	.000	_	.00	_	.00
@HEMODIALYSIS TOTAL	47	980	\$	52,960.50	\$	54.04	.023	\$	1126.82	Ş	1.27
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	47	980		52 <b>,</b> 960.50		54.04	.023		1126.82		1.27
@REHABILITATION FACILITY	22	156	\$	5,914.66	\$	37.91	.004	\$		\$	.14
HOSPITAL BASED	16	74		4,609.89		62.30	.002		288.12		.11
INDEPENDENT FACILITY	6	82		1,304.77		15.91	.002		217.46		.03
@LABORATORY FACILITY	767	1,838	\$	30 <b>,</b> 959.57	\$	16.84	.044	\$	40.36	\$	.74
PATHOLOGY	759	1,818		30,775.38		16.93	.044		40.55		.74
XO AND OTHERS	8	20		184.19		9.21	.000		23.02		.00
@ORGANIZED OUTPATIENT CLINIC	3,025	4,892	\$	495,979.15	\$	101.39	.117	\$	163.96	\$	11.89
CLINIC	1,031	1,735		54,605.60		31.47	.042		52.96		1.31
SURGICENTER	14	74		2,287.92		30.92	.002		163.42		.05
HEROIN DETOX CLINIC	1	7		102.20		14.60	.000		102.20		.00
RURAL HEALTH CLINIC	2,006	3,076		438,983.43		142.71	.074		218.84		10.52
#CALIF DEPT OF HEALTH SERV			JRES M	MONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2004 THRU	DEC	2004	P	AGE 9,072
MOP024	FEE-FOR-SERVICE										03/14/05
NEVADA COUNTY	SUMMARY OF SERV	VICES FOR MN - N	10 SOC	C - TOTAL							
									HLY AVERA		
41,714 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	2,272	41,805	\$	372,452.18	\$	8.91	1.002	\$	163.93	\$	8.93
DURABLE MED. EQUIP.	76	643		27,491.08		42.75	.015		361.72		.66
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	23	23		9,844.30		428.01	.001		428.01		.24
MEDICAL TRANSPORTATION	208	2,313		42,419.95		18.34	.055		203.94		1.02
AMBULANCES/AIR TRANS	197	2,238		29 <b>,</b> 574.15		13.21	.054		150.12		.71
OTHER TRANS	4	42		178.42		4.25	.001		44.61		.00
OTHER SERVICES	17	33		12,667.38		383.86	.001		745.14		.30
ACUPUNCTURE	2	2		54.06		27.03	.000		27.03		.00

ADULT DAY HEALTH CARE CTR	72	859	59 <b>,</b> 769.22	69.58	.021	830.13	1.43
GENETIC DISEASE TESTING	59	60	6,300.00	105.00	.001	106.78	.15
IHMC, MODEL-NF, NF, AIDS, MSSP	43	1,386	57,710.83	41.64	.033	1342.11	1.38
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	402	876	8,637.91	9.86	.021	21.49	.21
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	7	10	7.37	.74	.000	1.05	.00
PROSTHETIST/ORTHOTISTS	48	66	6,379.37	96.66	.002	132.90	.15
PROSTHETICS	48	66	6,379.37	96.66	.002	132.90	.15
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	26	51	5 <b>,</b> 892.74	115.54	.001	226.64	.14
HOSPICE SERVICES	15	327	37 <b>,</b> 534.14	114.78	.008	2502.28	.90
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	961	26 <b>,</b> 472	94,552.38	3.57	.635	98.39	2.27
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	382	8,717	15,858.83	1.82	.209	41.52	.38
@CALIF. CHILDREN SERVICES*	185	2,903	\$ 451,056.48	\$ 155.38	.070	\$ 2438.14	\$ 10.81
@XOVER EXCLUDING STATE HOSP**	1,453	7,817	\$ 194,431.50	\$ 24.87	.187	\$ 133.81	\$ 4.66

<sup>@</sup>XOVER EXCLUDING STATE HOSP\*\* 1,453 7,817 \$
@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,073
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y	

			MONTHLY AVERAGE						
76 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER		
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@TOTAL, ALL PROVIDERS	114	1,550	\$ 134,786.01	\$ 86.96	20.395 \$	1182.33	\$ 1773.50		
@PHYSICIANS SERVICES	29	510	\$ 5,411.45	\$ 10.61	6.711 \$	186.60	\$ 71.20		
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00		
OFFICE VISITS	0	0	.00	.00	.000	.00	.00		
HOME VISITS	0	0	.00	.00	.000	.00	.00		
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00		
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00		
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00		
INPATIENT VISITS	1	4	153.55	38.39	.053	153.55	2.02		
HOSPITAL VISITS	1	4	153.55	38.39	.053	153.55	2.02		
CRITICAL CARE	0	0	.00	.00	.000	.00	.00		
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00		
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00		
EXAMINATIONS	0	0	.00	.00	.000	.00	.00		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00		
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00		
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00		
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00		
DIALYSIS	0	0	.00	.00	.000	.00	.00		
PATHOLOGY	0	0	.00	.00	.000	.00	.00		

RADIOLOGY	0	0		.00		.00	.000	.0	С	.00
PSYCHIATRY	0	0		.00		.00	.000	.0	С	.00
IMMUNIZATION AND INJECTION	1	1		8.20		8.20	.013	8.2	С	.11
OTHER SERVICES/ALL X-OVERS	27	505		5,249.70	1	10.40	6.645	194.4	3	69.08
@PHARMACY	41	306	\$	30,700.62	\$ 10	0.33	4.026	\$ 748.8	) \$	403.96
PRESCRIPTION DRUGS	40	302		30,516.07	10	1.05	3.974	762.9	С	401.53
SNF/ICF	19	149		9,608.38	6	54.49	1.961	505.7	С	126.43
OUTPATIENTS	25	153		20,907.69	13	36.65	2.013	836.3	1	275.10
MEDICAL SUPPLIES	3	4		184.55	4	16.14	.053	61.5	2	2.43
@DENTIST	2	8	\$	1,249.00	\$ 15	56.13	.105	\$ 624.5	) \$	16.43
VISITS - DIAGNOSTIC	0	3CR		35.00	1	11.67CR	.0390	CR .0	С	.46
ORAL SURGERY	1	1		.00		.00	.013	.0	С	.00
DRUGS	0	0		.00		.00	.000	.0	С	.00
ANESTHESIA	0	0		.00		.00	.000	.0	С	.00
PERIODONTICS	0	0		.00		.00	.000	.0	С	.00
ENDODONTICS	0	0		.00		.00	.000	.0	С	.00
RESTORATIVE DENTISTRY	1	4		133.00	3	33.25	.053	133.0	С	1.75
PROSTHETICS	0	0		.00		.00	.000	.0	С	.00
DENTURES, STAYPLATES	1	3		1,081.00	36	50.33	.039	1081.0	С	14.22
SPACE MAINTAINERS	0	0		.00		.00	.000	.0	С	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.0	С	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.0	С	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.0	С	.00
ALL OTHER SERVICES	1	3		.00		.00	.039	.0	0	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUR	ES MONTH-	OF-PAYMENT RE	EPORT FO	)R JAN 200	4 THRU	DEC 2004	F	PAGE 9,074
MOP024	FEE-FOR-SERVICE/DENTAL									03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR	MN - SO	C - AGED		AID C	CODE 17 1Y				
							70	CONTINUES STATES	7700	

NEVIIDII GOGNIII	DOIMMING OF DER	VIOLD IOI	1111		11000			IIID CODE I					
									M	CNC	THLY AVERA	GE	
76 ELIGIBLES	USERS	UNITS OF	SERVI	CE	E	XPENDITURES	A'	VERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CAR	RE			P:	ER UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$		.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0		0			.00		.00	.000		.00		.00
EYE APPLIANCES	0		0			.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0			.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$		.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0			.00		.00	.000		.00		.00
OTHER SERVICES	0		0			.00		.00	.000		.00		.00
@PODIATRIST	2		2	\$		9.16	\$	4.58	.026	\$	4.58	\$	.12
MEDICINE/INJECTIONS	0		0			.00		.00	.000		.00		.00
SURGERY/ANES.	0		0			.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0			.00		.00	.000		.00		.00
OTHER	2		2			9.16		4.58	.026		4.58		.12
@HOME HEALTH AGENCY	0		0	\$		.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0		0	\$		.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$		.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	. 0		0	\$		.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$		.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	28		94	\$		26 <b>,</b> 580.97	\$	282.78	1.237	\$	949.32	\$	349.75
HOSP INPATIENT TOTAL	10		7			23 <b>,</b> 867.68		3409.67	.092		2386.77		314.05
HSC HOSPITALS	0		0			.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1		7			16,944.76		2420.68	.092		16944.76		222.96
ACCOMMODATIONS	1		7			2,980.10		425.73	.092		2980.10		39.21
ADMINISTRATIVE DAYS	0		0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	1		7			2,980.10		425.73	.092		2980.10		39.21
ANCILLARIES	1		0			13,964.66		.00	.000		13964.66		183.75

INPATIENT CROSSOVERS	9	0		6,922.92		.00	.000		769.21		91.09
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	19	87		2,713.29		31.19	1.145		142.80		35.70
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	2		12.88		6.44	.026		12.88		.17
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	18	85		2,700.41		31.77	1.118		150.02		35.53
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	JRES MONTH-	OF-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	PAG	•
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR	MN - S	SOC - AGED		AII	D CODE 17	7 1Y				
							M	ONTE	HLY AVERA	GE	

76 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIC	:	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	28	94	\$	26,580.97	\$	282.78	1.237				349.75
COMM HOSP INPATIENT TOTAL	10	7	7	23,867.68	,	3409.67	.092	т.	2386.77	т	314.05
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	1	7		16,944.76		2420.68	.092		16944.76		222.96
ACCOMMODATIONS	1	7		2,980.10		425.73	.092		2980.10		39.21
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	7		2,980.10		425.73	.092		2980.10		39.21
ANCILLARIES	1	0		13,964.66		.00	.000		13964.66		183.75
INPATIENT CROSSOVERS	9	0		6,922.92		.00	.000		769.21		91.09
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	19	87		2,713.29		31.19	1.145		142.80		35.70
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	2		12.88		6.44	.026		12.88		.17
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	18	85	_	2,700.41	_	31.77	1.118	_	150.02	_	35.53
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	<u> </u>	.00	•	.00	.000	<u> </u>	.00	<u> </u>	.00
@NURSING FACILITY	26 0	542	\$	63,802.34	\$	117.72	7.132	\$	2453.94	Ş	839.50
LEV A-INTERMEDIATE LEV B-REHAB MD	1	0 81		.00		.00 106.74	.000		.00 8645.57		.00
LEV B-REHAD MD  LEV B-SUBACUTE FREESTANDING	0	0		8,645.57 .00		.00	1.066		.00		113.76 .00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HISTEL BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	25	461		55 <b>,</b> 156.77		119.65	6.066		2206.27		725.75
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	Ċ	.00
ICF DDH	0	0	Y	.00	Ÿ	.00	.000	Y	.00	Y	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	Ś	.00
HOSPITAL BASED	0	0		.00	·	.00	.000	·	.00	·	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	197.00	\$	197.00	.013	\$	197.00	\$	2.59
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	1		197.00							
#CALIF DEPT OF HEALTH SERV			ES.	MONTH-OF-PAYMENT R	REPORT	r for Jan 2	2004 THRU	DEC	2004		AGE 9,076
	FEE-FOR-SERVICE		~	3.000		17	1				03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR MN - SO	C -	AGED	Α.					C.E.	
76 ELIGIBLES	USERS	IINITEO OF CERTICE		EXPENDITURES	71 77 77		M				
\A ETIGIDIES	ONLKO			FVLTMNTIAKF2		R UNIT/DAY					ELIGIBLE
@ALL OTHER PROVIDERS	17	OR DAYS OF CARE 87		6 225 17		78.57			402.09		
DURABLE MED. EQUIP.	1	1	۲	98.67		98.67			98.67		1.30
BLOOD BANK	0	0		.00		.00			.00		.00
PHOOD DVIVI	O	O		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	1	1	1,369.78	13	369.78	.013	3	1369.78	18.02
MEDICAL TRANSPORTATION	0	0	.00		.00	.000	)	.00	.00
AMBULANCES/AIR TRANS	0	0	.00		.00	.000	)	.00	.00
OTHER TRANS	0	0	.00		.00	.000	)	.00	.00
OTHER SERVICES	0	0	.00		.00	.000	)	.00	.00
ACUPUNCTURE	0	0	.00		.00	.000	)	.00	.00
ADULT DAY HEALTH CARE CTR	5	61	4,244.38		69.58	.803	3	848.88	55.85
GENETIC DISEASE TESTING	0	0	.00		.00	.000	)	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	)	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	)	.00	.00
OPTICIAN	0	0	.00		.00	.000	)	.00	.00
PHYSICAL THERAPIST	0	0	.00		.00	.000	)	.00	.00
PORTABLE X-RAY	0	0	.00		.00	.000	)	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00		.00	.000	)	.00	.00
PROSTHETICS	0	0	.00		.00	.000	)	.00	.00
ORTHOTICS	0	0	.00		.00	.000	)	.00	.00
PSYCHOLOGIST	0	0	.00		.00	.000	)	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00		.00	.000	)	.00	.00
HOSPICE SERVICES	1	8	908.96	1	13.62	.105	5	908.96	11.96
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	)	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00		.00	.000	)	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	)	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	)	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	)	.00	.00
ALL OTHER PROVIDERS	9	16	213.68		13.36	.213	-	23.74	2.81
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$	.00	.000	) \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	65	608	\$ 25 <b>,</b> 583.87	\$	42.08	8.000	) \$	393.60	\$ 336.63

 $<sup>\</sup>ensuremath{\text{@}} \star$  totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

111202 211111 1112 111020222 3	1112 1111101111111 2211112 211120 1120121	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,077
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27	

NEVADA COUNTI	DOMINANT OF DERV.	ICES FOR PIN SOC	סאדעט		AID CODE	2 /		
						MO	NTHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITU:	RES AV	ERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PI	ER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$		.00 \$	.00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0 \$		.00 \$	.00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	)
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	)
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	)
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
	0	0						
DIALYSIS	U	U	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	)
RADIOLOGY	0	0	.00	.00	.000	.00	.00	)
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	)
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	)
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00	
	0	· · · · · · · · · · · · · · · · · · ·						
@PHARMACY	U		.00	\$ .00	.000 \$		\$ .00	
PRESCRIPTION DRUGS	O	0	.00	.00	.000	.00	.00	
SNF/ICF	0	0	.00	.00	.000	.00	.00	)
OUTPATIENTS	0	0	.00	.00	.000	.00	.00	)
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00	)
@DENTIST	0	0 \$	.00	\$ .00	.000 \$		\$ .00	
	0	0					•	
VISITS - DIAGNOSTIC	0	~	.00	.00	.000	.00	.00	
ORAL SURGERY	Ü	0	.00	.00	.000	.00	.00	
DRUGS	0	0	.00	.00	.000	.00	.00	)
ANESTHESIA	0	0	.00	.00	.000	.00	.00	)
PERIODONTICS	0	0	.00	.00	.000	.00	.00	)
ENDODONTICS	0	0	.00	.00	.000	.00	.00	
	0	0						
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	Ü	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	)
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	)
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	)
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	)
								_
	0	0						1
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	)
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	· ·	· ·	.00	.00	.000	.00	.00 .00 PAGE 9,0	) )78
ORTHODONTIC SERVICES ALL OTHER SERVICES	· ·	0 ES AND EXPENDITURES MO	.00	.00	.000	.00	.00	) )78
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC FEE-FOR-SERVICE	0 ES AND EXPENDITURES MO	.00 .00 NTH-OF-PAYMENT RE	.00	.000 .000 .004 THRU DE	.00	.00 .00 PAGE 9,0	) )78
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVIC FEE-FOR-SERVICE	0 ES AND EXPENDITURES MO: /DENTAL	.00 .00 NTH-OF-PAYMENT RE	.00 .00 PORT FOR JAN 2	.000 .000 :004 THRU DE	.00 .00 C 2004	.00 .00 PAGE 9,0 03/14/	) )78
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MOP024	FEE-FOR-SERVICE/DENTAL							03	/14/05
	MEDI-CAL SERVICES AND EX	KPENDITURE:	S MONTH-OF	-PAYMENT REPORT	FOR JAN 2004	THRU DEC	2004		9,079
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00 \$	.00	.000 \$	.00	\$	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00		.00

					MON	THLY AVERAGE	5
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-O	F-PAYMENT RE	PORT	FOR JAN 2004	1 THRU	DEC	2004	PAGE	9,080
MOP024	FEE-FOR-SERVICE/DENTAL									0.3	3/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR	MN - S	OC - BLIND			AID CODE 27					

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$		\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,081 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 NEVADA COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

					MOI	NTHLY AVERA	.GE
193 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	279	3,683	\$ 428,297.67	\$ 116.29	19.083	\$ 1535.12	\$ 2219.16
@PHYSICIANS SERVICES	104	552	\$ 25,022.54	\$ 45.33	2.860	\$ 240.60	\$ 129.65
OUTPATIENT VISITS	46	115	4,588.19	39.90	.596	99.74	23.77
OFFICE VISITS	28	70	1,392.19	19.89	.363	49.72	7.21
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	18	42	3,127.60	74.47	.218	173.76	16.21
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	68.40	22.80	.016	22.80	.35
INPATIENT VISITS	18	76	3,750.74	49.35	.394	208.37	19.43
HOSPITAL VISITS	17	73	3,448.64	47.24	.378	202.86	17.87
CRITICAL CARE	2	3	302.10	100.70	.016	151.05	1.57
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	7	71		7,457.48		105.03	.368		1065.35		38.64
PRINCIPAL SURGEON	5	15		6,031.26		402.08	.078		1206.25		31.25
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	3	56		1,426.22		25.47	.290		475.41		7.39
OUTPATIENT SURGERY	9	12		1,205.49		100.46	.062		133.94		6.25
PRINCIPAL SURGEON	9	12		1,205.49		100.46	.062		133.94		6.25
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	1	14		312.64		22.33	.073		312.64		1.62
PATHOLOGY	19	75		948.95		12.65	.389		49.94		4.92
RADIOLOGY	37	110		4,300.28		39.09	.570		116.22		22.28
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	7	15		25.00		1.67	.078		3.57		.13
OTHER SERVICES/ALL X-OVERS	45	64		2,433.77		38.03	.332		54.08		12.61
@PHARMACY	151	1,467	\$	131,041.48	Ś		7.601	Ś		Ś	678.97
PRESCRIPTION DRUGS	147	738		128,977.68	·	174.77	3.824		877.40	•	668.28
SNF/ICF	14	105		27,457.29		261.50	.544		1961.24		142.27
OUTPATIENTS	134	633		101,520.39		160.38	3.280		757.61		526.01
MEDICAL SUPPLIES	13	729		2,063.80		2.83	3.777		158.75		10.69
@DENTIST	15	32	\$	1,541.24	\$	48.16	.166	\$	102.75	\$	7.99
VISITS - DIAGNOSTIC	9	20		274.00		13.70	.104		30.44		1.42
ORAL SURGERY	2	2		81.00		40.50	.010		40.50		.42
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		.00		.00	.005		.00		.00
ENDODONTICS	1	1		260.00		260.00	.005		260.00		1.35
RESTORATIVE DENTISTRY	5	7		896.24		128.03	.036		179.25		4.64
PROSTHETICS	1	1		30.00		30.00	.005		30.00		.16
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTAI		RES	MONTH-OF-PAYMENT RI	EPOR'	T FOR JAN	2004 THRU	DEC	2004	P.	AGE 9,082 03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FO		ioc -	- DISABLED AID (	CODE	S 65 67 61	W 6Y				33/11/00
11211211 000111						2 30 0, 01	M	ОИТ	HLY AVERA	GE	
102 517075150	HOEDO HINTEO	OF CEDUTO	· E	EADENDIMIDES	7\ \ 7.7	EDACE COC	יייייייייייייייייייייייייייייייייייייי		COCH DED	-	COCH DED

						M	L'NO	CHLY AVERA	ŒE;	
193 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	4	13	\$ 192.71	\$	14.82	.067	\$	48.18	\$	1.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	4	13	192.71		14.82	.067		48.18		1.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000			.00
@TOTAL HOSPITAL	88	719	\$	224,571.83		312.34	3.725	\$ 2551.95	\$	1163.58
HOSP INPATIENT TOTAL	28	128		208,306.97		1627.40	.663	7439.53		1079.31
HSC HOSPITALS	9	73		93,282.00		1277.84	.378	10364.67		483.33
NON-HSC HOSPITAL TOTAL	17	55		110,589.97		2010.73	.285	6505.29		573.01
ACCOMMODATIONS	17	55		30,090.52		547.10	.285	1770.03		155.91
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	17	55		30,090.52		547.10	.285	1770.03		155.91
ANCILLARIES	17	0		80,499.45		.00	.000	4735.26		417.10
INPATIENT CROSSOVERS	4	0		4,435.00		.00	.000	1108.75		22.98
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL		591		16,264.86		27.52	3.062	232.36		84.27
MEDICAL	70 15	40		3,516.96		87.92	.207	234.46		18.22
SURGERY	3	5		80.29		16.06	.026	26.76		.42
PATHOLOGY	31	170		1,680.20		9.88	.881	54.20		8.71
RADIOLOGY	25 26	32		3,936.36		123.01	.166	157.45		20.40
ROOM USE		69		2,607.12		37.78	.358	100.27		13.51
CROSSOVERS/ALL OTH OUTPTNT	45	275		4,443.93		16.16	1.425	98.75		23.03
@COUNTY HOSPITAL TOTAL	1	38	\$	51,376.00		1352.00		\$ 51376.00	Ş	266.20
CO HOSPITAL INPATIENT TOTAL	1	38		51,376.00		1352.00	.197	51376.00		266.20
HSC HOSPITALS	1	38		51,376.00		1352.00	.197	51376.00		266.20
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
	MEDI-CAL SERVICES		RES M		REPORT				P	AGE 9,083
MOP024	FEE-FOR-SERVICE/I		ICEO II		. CDI OICI	1010 01110	2001 111110	DDC 2001		03/14/05
NEVADA COUNTY			OC -	DISABLED AID	CODES	65 67 6W	6V			03/14/03
NEVADA COONII	SUMMARI OF SERVIC	C - NIM AO1 CA.	UC -	DISABLED AID	CODES	03 07 0W		ONTHLY AVERA	CE	
193 ELIGIBLES	USERS (	JNITS OF SERVIC	E.	EXPENDITURES	7/ 7/17	DACE COCH		S COST PER		COST PER
190 ETIGIPTE2	USERS (	OR DAYS OF CAR		EXPENDITURES			PER ELIG			
COOMMINITEN HOODIERS BOERS	27			172 105 02						ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	87	681	\$	173,195.83	\$	254.33		\$ 1990.76	Þ	897.39
COMM HOSP INPATIENT TOTAL	27	90		156,930.97		1743.68	.466			813.11
HSC HOSPITALS	8	35		41,906.00		1197.31	.181	5238.25		217.13
NON-HSC HOSPITALS TOTAL	17	55		110,589.97		2010.73	.285	6505.29		573.01
ACCOMMODATIONS	17	55		30,090.52		547.10	.285	1770.03		155.91
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	17	55		30,090.52		547.10	.285	1770.03		155.91
ANCILLARIES	17	0		80,499.45		.00	.000	4735.26		417.10
INPATIENT CROSSOVERS	4	0		4,435.00		.00	.000	1108.75		22.98
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00

COMM HOSP OUTPATIENT TOTAL	70	591		16,264.86		27.52	3.062		232.36		84.27
MEDICAL	15	40		3,516.96		87.92	.207		234.46		18.22
SURGERY	3	5		80.29		16.06	.026		26.76		.42
PATHOLOGY	31	170		1,680.20		9.88	.881		54.20		8.71
RADIOLOGY	25	32		3,936.36		123 01	.166		157.45		20.40
ROOM USE	26	69		2,607.12		37.78	.358		100.27		13.51
CROSSOVERS/ALL OTH OUTPTNT	45	275		4,443.93		16.16	1.425		98.75		23.03
@STATE HOSPITAL	0	0	Ś	.00	Ś	.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	9	304	\$	30,019.63	\$		1.575	\$		\$	155.54
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	9	304		30,019.63		98.75	1.575		3335.51		155.54
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$		\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	9	\$	1,079.79	\$	119.98	.047	\$	1079.79	\$	5.59
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	1	9		1,079.79		119.98	.047		1079.79		5.59
@REHABILITATION FACILITY	1	1	\$	64.69	\$	64.69	.005	\$	64.69	\$	.34
HOSPITAL BASED	1	1		64.69		64.69	.005		64.69		.34
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	15	34	\$	3,117.45	\$	91.69	.176	\$	207.83	\$	16.15
CLINIC	1	1		37.29		37.29	.005		37.29		.19
SURGICENTER	4	17		838.23		49.31	.088		209.56		4.34
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	11	16		2,241.93		140.12	.083		203.81		11.62
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU:	RES	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	PA	AGE 9,084
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR	MN - S	oc -	- DISABLED AID	CODES	65 67 6	W 6Y				
							M	ONT	HLY AVERA	GE -	

					MON	ATITUL AVENA	GE
193 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	34	552	\$ 11,646.31	\$ 21.10	2.860 \$	342.54	\$ 60.34
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	12	392	3,420.12	8.72	2.031	285.01	17.72
AMBULANCES/AIR TRANS	12	392	3,420.12	8.72	2.031	285.01	17.72
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	8	36	4,601.45	127.82	.187	575.18	23.84
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	8	66.56	8.32	.041	33.28	.34
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	8	28.89	3.61	.041	28.89	.15
PROSTHETICS	1	8	28.89	3.61	.041	28.89	.15
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	21	2,434.43	115.93	.109	1217.22	12.61
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	87	1,094.86	12.58	.451	109.49	5.67
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	55	725	\$ 9,796.28	\$ 13.51	3.756	\$ 178.11	\$ 50.76

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,085 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 NEVADA COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

NEVIIDII COCNII	DOINGING OF DELL	.VIODO IOIC III. O	00	TIMILDIDO TILD CODE	010 010 07			
						MON	THLY AVERA	GE
192 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	266	2,044	\$	273,352.02	\$ 133.73	10.646 \$	1027.64	\$ 1423.71
@PHYSICIANS SERVICES	148	664	\$	36,436.48	\$ 54.87	3.458 \$	246.19	\$ 189.77
OUTPATIENT VISITS	77	152		5,167.82	34.00	.792	67.11	26.92
OFFICE VISITS	50	112		2,473.36	22.08	.583	49.47	12.88
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	30	38		2,629.50	69.20	.198	87.65	13.70
PREVENTIVE CARE	CARE 0			.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		.00	.00	.000	.00	.00	

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	2	Ō		64.96		32.48	.010		32.48		.34
INPATIENT VISITS	17	55		3,521.91		64.03	.286		207.17		18.34
HOSPITAL VISITS	1.4	40		1,948.71		48.72	.208		139.19		10.15
CRITICAL CARE	4	15		1,573.20		104.88	.078		393.30		8.19
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	1	2		61.48		30.74	.010		61.48		.32
EXAMINATIONS	1 1	2		61.48		30.74	.010		61.48		.32
	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY	17	109		10,503.32		96.36	.568		617.84		54.70
PRINCIPAL SURGEON	11	16		7,539.01		471.19	.083		685.36		39.27
ASSISTANT SURGEON	2	2		7,339.01		374.53	.010		374.53		3.90
	8	91		2,215.25		24.34	.474		276.91		11.54
ANESTHESIOLOGIST OUTPATIENT SURGERY	8 16	50				72.86	.260		276.91		18.97
	1.5	2.4		3,642.77					205.91		
PRINCIPAL SURGEON	0	0		3,088.67		128.69 .00	.125		.00		16.09 .00
ASSISTANT SURGEON	3	26		.00 554.10		21.31	.135		184.70		2.89
ANESTHESIOLOGIST	3 1	26 13									
DIALYSIS	1 25	13 73		162.11		12.47	.068		162.11		.84
PATHOLOGY	25 48			1,370.14		18.77	.380		54.81		7.14
RADIOLOGY	48	133		6,586.92		49.53	.693		137.23		34.31
PSYCHIATRY	<u> </u>	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	3	5		1,724.48		344.90	.026		574.83		8.98
OTHER SERVICES/ALL X-OVERS	32	72	_	3,695.53		51.33	.375		115.49	_	19.25
@PHARMACY	36		\$	12,167.18			.396		337.98	Ş	63.37
PRESCRIPTION DRUGS	36	76		12,167.18		160.09	.396		337.98		63.37
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	36	76		12,167.18		160.09	.396		337.98		63.37
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	11_		\$	997.00		12.95	.401		90.64	Ş	5.19
VISITS - DIAGNOSTIC	7	48		219.00		4.56	.250		31.29		1.14
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	2	8		.00		.00	.042		.00		.00
ENDODONTICS	1	1		.00		.00	.005		.00		.00
RESTORATIVE DENTISTRY	4	20		778.00		38.90	.104		194.50		4.05
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S M	IONTH-OF-PAYMENT	REPOI	RT FOR JAN	2004 THRU	DEC	2004	P	PAGE 9,086
MOP024	FEE-FOR-SERVICE/DENTA	L									03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

@PODIATRIST

192 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 24 469.21 \$ 19.55 .125 \$ 67.03 \$ 2.44 4 170.79 42.70 .021 42.70 .89 DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES 20 298.42 14.92 .104 49.74 1.55 6 .00 OTHER OPTOMETRIC SERVICES 0 0 .00 .000 .00 .00 .00 \$ .00 .00 \$ .00 @CHIROPRACTOR .000 \$ .00 VISITS 0 0 .00 .000 .00 .00 .00 OTHER SERVICES 0 0 .000 .00 .00

.00 \$

.00

----- MONTHLY AVERAGE -----

.00 \$

.00

.000 \$

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
	0	0 \$		•	· ·		
PEDIATRIC NURSE PRACTITIONER	1		.00	\$ .00	.000 \$	.00	\$ .00
FAMILY NURSE PRACTITIONER		1 \$	24.00	\$ 24.00	.005 \$	24.00	\$ .13
@TOTAL HOSPITAL	109	984 \$	210,296.58	\$ 213.72	5.125 \$	1929.33	\$ 1095.29
HOSP INPATIENT TOTAL	21	76	141,875.27	1866.78	.396	6755.97	738.93
HSC HOSPITALS	5	31	35 <b>,</b> 776.00	1154.06	.161	7155.20	186.33
NON-HSC HOSPITAL TOTAL	18	45	106,099.27	2357.76	.234	5894.40	552.60
ACCOMMODATIONS	18	45	20,322.49	451.61	.234	1129.03	105.85
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	45	20,322.49	451.61	.234	1129.03	105.85
ANCILLARIES	18	0	85,776.78	.00	.000	4765.38	446.75
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	95	908	68,421.31	75.35	4.729	720.22	356.36
MEDICAL	28	42	939.78	22.38	.219	33.56	4.89
SURGERY	13	15	177.20	11.81	.078	13.63	.92
PATHOLOGY	51	241	2,786.86	11.56	1.255	54.64	14.51
RADIOLOGY	50	161	14,190.15	88.14	.839	283.80	73.91
ROOM USE	66	125	4,197.75	33.58	.651	63.60	21.86
CROSSOVERS/ALL OTH OUTPTNT	50	324	46,129.57	142.38	1.688	922.59	240.26
@COUNTY HOSPITAL TOTAL	2	6 \$	141.09	\$ 23.52	.031 \$	70.55	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	•		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	6	141.09	23.52	.031	70.55	.73
MEDICAL	1	1	21.28	21.28	.005	21.28	.11
SURGERY	1	2	34.06	17.03	.010	34.06	.18
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	2	85.75	42.88	.010	85.75	.45
CROSSOVERS/ALL OTH OUTPINT	1	1	.00	.00	.005	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES M	ONTH-OF-PAYMENT RE	PORT FOR JAN 2	2004 THRU DEC	2004	PAGE 9,087
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR MN - SOC -	FAMILIES AID CODE	5R 6R 37			
					MONT	HLY AVERA	GE
192 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	107	978 \$	210,155.49	\$ 214.88			\$ 1094.56
COMM HOSP INPATIENT TOTAL	21	76	141,875.27	1866.78	.396	6755.97	738.93
HSC HOSPITALS	5	31	35,776.00	1154.06	.161	7155.20	186.33
NON-HSC HOSPITALS TOTAL	18	45	106,099.27	2357.76	.234	5894.40	552.60
ACCOMMODATIONS	18	45	20,322.49	451.61	.234	1129.03	105.85
	_0		20,022.19	101.01		,	100.00

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	18	45		20,322.49		451.61	.234		1129.03		105.85
ANCILLARIES	18	0		85 <b>,</b> 776.78		.00	.000		4765.38		446.75
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	93	902		68,280.22		75.70	4.698		734.20		355.63
MEDICAL	27	41		918.50		22.40	.214		34.02		4.78
SURGERY	12	13		143.14		11.01	.068		11.93		.75
PATHOLOGY	51	241		2,786.86		11.56	1.255		54.64		14.51
RADIOLOGY	50	161		14,190.15		88.14	.839		283.80		73.91
ROOM USE	65	123		4,112.00		33.43	.641		63.26		21.42
CROSSOVERS/ALL OTH OUTPTNT		323		46,129.57		142.82	1.682		941.42		240.26
@STATE HOSPITAL	0	0	\$	.00	Ś	.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	τ.	.00	Τ	.00	.000	т	.00	т	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	Ś	.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0	0	۲	.00	Y	.00	.000	٧	.00	Y	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-REHAD MD  LEV B-SUBACUTE FREESTANDING	•	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0	0									
LEV B-REGULAR	Ü	0	<u> </u>	.00	Ś	.00	.000	<u> </u>	.00	<u> </u>	.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	Ş	.00	.000	\$	.00	\$	.00
ICF DDH	o a	•		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	4	19	\$	3,209.21	\$	168.91	.099	\$	802.30	\$	16.71
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	4	19		3,209.21		168.91	.099		802.30		16.71
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	23	\$	274.56	\$	11.94	.120	\$	45.76	\$	1.43
PATHOLOGY	6	23		274.56		11.94	.120		45.76		1.43
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	21	43	\$	7,695.60	\$	178.97	.224	\$	366.46	\$	40.08
CLINIC	4	4		148.94		37.24	.021		37.24		.78
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	17	39		7,546.66		193.50	.203		443.92		39.31
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES		EPOR'			DEC		ΡŻ	AGE 9,088
MOP024	FEE-FOR-SERVICE/DENTA										03/14/05
1101 02 1	CINCIPLE OF CERTIFICATION					CD 07					-0, -1, 00

MOP024 FEE-FOR-SERVICE/DENTAL

NEVADA COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

192 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 18 133 \$ 1,782.20 \$ 13.40 .693 \$ 99.01 \$ 9.28 DURABLE MED. EQUIP. 4 11 520.28 47.30 .057 130.07 2.71 0 .00 .00 .00 .00 BLOOD BANK .000 0 0 .00 .00 .000 .00 HEARING AID DISPENSERS .00 MEDICAL TRANSPORTATION 9 103 1,061.75 10.31 .536 117.97 5.53 103 1,061.75 10.31 117.97 AMBULANCES/AIR TRANS .536 OTHER TRANS 0 0 .00 .00 .00 .00 .000 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 .00 ACUPUNCTURE .00 .00 .000 .00

----- MONTHLY AVERAGE -----

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	16	161.44	10.09	.083	26.91	.84
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	3	38.73	12.91	.016	38.73	.20
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	1	\$ 67.34	\$ 67.34	.005	\$ 67.34	\$ .35
@XOVER EXCLUDING STATE HOSP**	3	5	\$ 1,189.91	\$ 237.98	.026	\$ 396.64	\$ 6.20

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,089
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

					MON	THLY AVERA	.GE
461 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	659	7 <b>,</b> 277 \$	836,435.70	\$ 114.94	15.785 \$	1269.25	\$ 1814.39
@PHYSICIANS SERVICES	281	1,726 \$	66,870.47	\$ 38.74	3.744 \$	237.97	\$ 145.06
OUTPATIENT VISITS	123	267	9,756.01	36.54	.579	79.32	21.16
OFFICE VISITS	78	182	3 <b>,</b> 865.55	21.24	.395	49.56	8.39
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	48	80	5,757.10	71.96	.174	119.94	12.49
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	5	133.36	26.67	.011	26.67	.29
INPATIENT VISITS	36	135	7,426.20	55.01	.293	206.28	16.11
HOSPITAL VISITS	32	117	5,550.90	47.44	.254	173.47	12.04
CRITICAL CARE	6	18	1,875.30	104.18	.039	312.55	4.07
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	2	61.48	30.74	.004	61.48	.13
EXAMINATIONS	1	2	61.48	30.74	.004	61.48	.13
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	24	180	17 <b>,</b> 960.80	99.78	.390	748.37	38.96
PRINCIPAL SURGEON	16	31	13,570.27	437.75	.067	848.14	29.44
ASSISTANT SURGEON	2	2	749.06	374.53	.004	374.53	1.62
ANESTHESIOLOGIST	11	147	3,641.47	24.77	.319	331.04	7.90
OUTPATIENT SURGERY	25	62	4,848.26	78.20	.134	193.93	10.52
PRINCIPAL SURGEON	24	36	4,294.16	119.28	.078	178.92	9.31
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	26	554.10	21.31	.056	184.70	1.20
DIALYSIS	2	27	474.75	17.58	.059	237.38	1.03
PATHOLOGY	44	148	2,319.09	15.67	.321	52.71	5.03

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	85	243	10,887.20	44.80	.527	128.08	23.62
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	11	21	1,757.68	83.70	.046	159.79	3.81
OTHER SERVICES/ALL X-OVERS	104	641	11,379.00	17.75	1.390	109.41	24.68
@PHARMACY	228	1,849 \$	173,909.28	\$ 94.06	4.011 \$		
PRESCRIPTION DRUGS	223	1,116	171,660.93	153.82	2.421	769.78	372.37
SNF/ICF	33	254	37,065.67	145.93	.551	1123.20	80.40
OUTPATIENTS	195	862	134,595.26	156.14	1.870	690.23	291.96
MEDICAL SUPPLIES	16	733	2,248.35	3.07	1.590	140.52	4.88
@DENTIST	28	117 \$	•	\$ 32.37	.254		
VISITS - DIAGNOSTIC	16	65	528.00	8.12	.141	33.00	1.15
ORAL SURGERY	3	3	81.00	27.00	.007	27.00	.18
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	3	9	.00	.00	.020	.00	.00
ENDODONTICS	2	2	260.00	130.00	.004	130.00	.56
RESTORATIVE DENTISTRY	10	31	1,807.24	58.30	.067	180.72	3.92
PROSTHETICS	1	1	30.00	30.00	.002	30.00	.07
DENTURES, STAYPLATES	1	3	1,081.00	360.33	.007	1081.00	2.34
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	3	.00	.00	.007	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MC	NTH-OF-PAYMENT RI	EPORT FOR JAN	2004 THRU DE	C 2004	PAGE 9,090
MOP024	FEE-FOR-SERVICE/DE	ENTAL					03/14/05
NEVADA COUNTY	SUMMARY OF SERVICE	ES FOR MN - SOC - I	OTAL				
					MON	THLY AVERA	GE
461 ELIGIBLES		NITS OF SERVICE	EXPENDITURES	AVERAGE COST	, -	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	11	37 \$	661.92	\$ 17.89	.080 \$		\$ 1.44
DIAGNOSTIC AND ANC. PROCED	4	4	170.79	42.70	.009	42.70	.37

EYE APPLIANCES	10	33		491.13	3	14.88	.072	49.11		1.07
OTHER OPTOMETRIC SERVICES	0	0		.00	)	.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$	.00	) \$	.00	.000	\$ .00	\$	.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	2	2	\$	9.16		4.58	.004		Ċ	.02
	2		۲						۲	
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	2	2		9.16	5	4.58	.004	4.58		.02
@HOME HEALTH AGENCY	0	0	\$	.00	) \$	.00	.000	\$ .00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	) \$	.00	.000	\$ .00	\$	.00
NURSE MIDWIFE	0	0	Ś	.00		.00	.000		\$	.00
PEDIATRIC NURSE PRACTITIONER	· · · · · · · · · · · · · · · · · · ·	0	Ś	.00		.00	.000	\$ .00	\$	.00
	1	1	\$							.05
FAMILY NURSE PRACTITIONER	——————————————————————————————————————			24.00			.002		\$	
@TOTAL HOSPITAL	225	1,797	\$	461,449.38		256.79	3.898	\$ 2050.89	Ş	1000.97
HOSP INPATIENT TOTAL	59	211		374 <b>,</b> 049.92		1772.75	.458	6339.83		811.39
HSC HOSPITALS	14	104		129,058.00	)	1240.94	.226	9218.43		279.95
NON-HSC HOSPITAL TOTAL	36	107		233,634.00	)	2183.50	.232	6489.83		506.80
ACCOMMODATIONS	36	107		53,393.11	_	499.00	.232	1483.14		115.82
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	Ö		.00		.00	.000	.00		.00
	36	107		53,393.11		499.00	.232	1483.14		115.82
ALL OTHER ACCOM										
ANCILLARIES	36	0		180,240.89		.00	.000	5006.69		390.98
INPATIENT CROSSOVERS	13	0		11,357.92		.00	.000	873.69		24.64
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	184	1 <b>,</b> 586		87,399.46	5	55.11	3.440	475.00		189.59
MEDICAL	43	82		4,456.74	ļ	54.35	.178	103.65		9.67
SURGERY	16	20		257.49		12.87	.043	16.09		.56
PATHOLOGY	83	413		4,479.94		10.85	.896	53.98		9.72
RADIOLOGY	75	193		18,126.51		93.92	.419	241.69		39.32
				-						
ROOM USE	92	194		6,804.87		35.08	.421	73.97		14.76
CROSSOVERS/ALL OTH OUTPTNT	113	684		53,273.91		77.89	1.484	471.45		115.56
@COUNTY HOSPITAL TOTAL	3	44	\$	51,517.09		1170.84		\$ 17172.36	Ş	111.75
CO HOSPITAL INPATIENT TOTAL	1	38		51,376.00	)	1352.00	.082	51376.00		111.44
HSC HOSPITALS	1	38		51,376.00	)	1352.00	.082	51376.00		111.44
NON-HSC HOSPITALS TOTAL	0	0		.00	)	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
	0	0								
ANCILLARIES	<u> </u>	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	2	6		141.09	)	23.52	.013	70.55		.31
MEDICAL	1	1		21.28	3	21.28	.002	21.28		.05
SURGERY	1	2		34.06	5	17.03	.004	34.06		.07
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	Ô	0		.00		.00	.000			.00
ROOM USE	1	2		85.75		42.88	.004			.19
	± 1									
CROSSOVERS/ALL OTH OUTPTNT	1	1		.00.		.00	.002		_	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		IRES	MONTH-OF-PAYMENT	KEPOI	KT FOR JAN	∠UU4 THRU	DEC 2004	Ρ.	AGE 9,091
MOP024	FEE-FOR-SERVICE/DENTA									03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FO	OR MN - S	soc -	- TOTAL						
								AUDITA ATTENT	CE	

		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	222	1,753	\$	409,932.29	\$	233.85			1846.54		889.22
COMM HOSP INPATIENT TOTAL	58	173		322,673.92		1865.17	.375		5563.34		699.94
HSC HOSPITALS	13	66		77,682.00		1177.00	.143		5975.54		168.51
NON-HSC HOSPITALS TOTAL	36	107		233,634.00		2183.50	.232		6489.83		506.80
ACCOMMODATIONS	36	107		53,393.11		499.00	.232		1483.14		115.82
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	36	107		53,393.11		499.00	.232		1483.14		115.82
ANCILLARIES	36	0		180,240.89		.00	.000		5006.69		390.98
INPATIENT CROSSOVERS	13	0		11,357.92		.00	.000		873.69		24.64
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	182	1,580		87,258.37		55.23	3.427		479.44		189.28
MEDICAL	42	81		4,435.46		54.76	.176		105.61		9.62
SURGERY	15	18		223.43		12.41	.039		14.90		.48
PATHOLOGY	83	413		4,479.94		10.85	.896		53.98		9.72
RADIOLOGY	75	193		18,126.51		93.92	.419		241.69		39.32
ROOM USE	91	192		6,719.12		35.00	.416		73.84		14.58
CROSSOVERS/ALL OTH OUTPTNT	112	683		53,273.91		78.00	1.482		475.66		115.56
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	ċ	.00	Ċ	.00
MENTALLY ILL	0	0	۲	.00	ې	.00	.000	۲	.00	ې	.00
	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED @NURSING FACILITY	35	846	\$	93,821.97	ć	110.90	1.835	ċ	2680.63	ċ	203.52
LEV A-INTERMEDIATE	0	040	Ş	.00	\$	.00	.000	Ą	.00	Ą	.00
LEV A-INTERMEDIATE LEV B-REHAB MD	1	81		8,645.57		106.74	.176		8645.57		18.75
	0	0		.00		.00			.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	34	765									
LEV B-REGULAR @INTERMEDIATE CARE FACILDD	0	765	ċ	85,176.40	\$	111.34	1.659 .000	ċ	2505.19	ċ	184.76
-	0	0	\$	.00	Ą	.00	.000	Ą	.00	Ş	.00
ICF DDH	0	0							.00		.00
ICF DD	0	0		.00		.00	.000				.00
ICF DDN/DDCN	5	28	\$	.00 4,289.00	\$	.00 153.18	.000 .061	ċ	.00 857.80	ċ	.00 9.30
@HEMODIALYSIS TOTAL HOSPITAL BASED	0	0	۲	.00	ې	.00	.000	۲	.00	ې	.00
	5	28		4,289.00		153.18	.061		857.80		9.30
HEMODIALYSIS CENTER	1	1	\$	4,269.00	\$	64.69	.002	ċ	64.69	ċ	.14
@REHABILITATION FACILITY HOSPITAL BASED	1	1	Ş	64.69	ې	64.69	.002	Ą	64.69	Ą	.14
INDEPENDENT FACILITY	0	0		.00		.00	.002		.00		.00
@LABORATORY FACILITY	6	23	\$	274.56	\$	11.94	.050	ċ	45.76	Ċ	.60
PATHOLOGY	6	23	۲	274.56	ې	11.94	.050	۲	45.76	ې	.60
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	37	78	\$	11,010.05	\$	141.15	.169	Ċ	297.57	Ċ	23.88
CLINIC CLINIC	5	5	Ÿ	186.23	Ÿ	37.25	.011	Y	37.25	Ÿ	.40
SURGICENTER	J /l	17		838.23		49.31	.037		209.56		1.82
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC		56		9,985.59							21.66
				MONTH-OF-PAYMENT R							AGE 9,092
	FEE-FOR-SERVICE		CLO .	MONIII OF FAIMENT N	LE OI	I FOR UAN 2	004 11110	DEC	2004		03/14/05
		ICES FOR MN - SC	nc –	TOTAT.							03/14/03
NEVADA COUNTI	DOMMANT OF BEINV	TODO FOR PIN DO	, ,	IOIAL			M	ONT	HIY AVERA	GE.	
461 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	A \/1						
101 221012	00110	OR DAYS OF CARE				R UNIT/DAY					ELIGIBLE
@ALL OTHER PROVIDERS	69	772		20,263.98			1.675				
DURABLE MED. EQUIP.	5	12	T	618.95			.026	٠,	123.79		1.34
BLOOD BANK	0	0		.00		.00			.00		.00
	•	Ŭ		.00		• • • •	• • • • •		• • • •		• • • •

HEARING AID DISPENSERS	1	1		1,369.78	1369.78	.002	1369.78	2.97	
MEDICAL TRANSPORTATION	21	495		4,481.87	9.05	1.074	213.42	9.72	
AMBULANCES/AIR TRANS	21	495		4,481.87	9.05	1.074	213.42	9.72	
OTHER TRANS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	5	61		4,244.38	69.58	.132	848.88	9.21	
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	8	36		4,601.45	127.82	.078	575.18	9.98	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00	
OPTICIAN	8	24		228.00	9.50	.052	28.50	.49	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	1	8		28.89	3.61	.017	28.89	.06	
PROSTHETICS	1	8		28.89	3.61	.017	28.89	.06	
ORTHOTICS	0	0		.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00	
HOSPICE SERVICES	3	29		3,343.39	115.29	.063	1114.46	7.25	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	1	3		38.73	12.91	.007	38.73	.08	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	19	103		1,308.54	12.70	.223	68.87	2.84	
@CALIF. CHILDREN SERVICES*	1	1	\$	67.34	\$ 67.34	.002	\$ 67.34	\$ .15	
@XOVER EXCLUDING STATE HOSP**	123	1,338	\$	36,570.06	\$ 27.33	2.902	\$ 297.32	\$ 79.33	
A* TOTATO IN THESE ITNES ARE CT	TEN AC A CEDADATE	TNEODMATTON	TTEM ONITY.						

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,093
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13	

NEVADA COUNTI	DOMINANT OF DERV	VICES FOR THE HORG	IDIA CAME AGED	AID CODE	10		
					MON	THLY AVERA	GE
2,968 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	3 <b>,</b> 270	120,293 \$	9,518,207.90	\$ 79.13	40.530 \$	2910.77	\$ 3206.94
@PHYSICIANS SERVICES	272	420 \$	7,240.48	\$ 17.24	.142 \$	26.62	\$ 2.44
OUTPATIENT VISITS	2	2	123.58	61.79	.001	61.79	.04
OFFICE VISITS	2	2	123.58	61.79	.001	61.79	.04
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	9	17	488.85	28.76	.006	54.32	.16
HOSPITAL VISITS	1	1	27.50	27.50	.000	27.50	.01
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	9	16	461.35	28.83	.005	51.26	.16
OPHTHALMOLOGICAL SERVICES	2	3	161.01	53.67	.001	80.51	.05
EXAMINATIONS	2	3	161.01	53.67	.001	80.51	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	2	12		260.28		21.69	.004		130.14		.09
PRINCIPAL SURGEON	1	1		114.30		114.30	.000		114.30		.04
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	11		145.98		13.27	.004		145.98		.05
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	2	3		24.07		8.02	.001		12.04		.01
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	1		5.00		5.00	.000		5.00		.00
OTHER SERVICES/ALL X-OVERS	262	382		6,177.69		16.17	.129		23.58		2.08
@PHARMACY	2,528	30,942	\$		\$			Ş	384.68	Ş	327.65
PRESCRIPTION DRUGS	2,516	19,227		955,660.32		49.70	6.478		379.83		321.99
SNF/ICF	2,395	17,920		939,488.08		52.43	6.038		392.27		316.54
OUTPATIENTS	163 141	1,307		16,172.24		12.37	.440		99.22		5.45 5.66
MEDICAL SUPPLIES @DENTIST	122	11,715 222	\$	16,805.73 11,851.75	ċ	1.43 53.39	3.947	ċ	119.19 97.15	ċ	3.99
VISITS - DIAGNOSTIC	110	149	Ş	3,856.00	Ş	25.88	.050	Ą	35.05	Ą	1.30
ORAL SURGERY	16	42		1,737.75		41.38	.014		108.61		.59
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0			.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	7	7		933.00		133.29	.002		133.29		.31
PROSTHETICS	0	0		.00		.00	.002		.00		.00
DENTURES, STAYPLATES	15	21		5,325.00		253.57	.007		355.00		1.79
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
· · · · · · · · · · · · · · · · ·											
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	3		ES M	.00	EPOR'	.00	.001	DEC	.00	P <i>I</i>	.00
ALL OTHER SERVICES	3	3 CES AND EXPENDITUR	ES M	.00	EPOR'	.00	.001	DEC	.00	ΡŻ	
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	3 MEDI-CAL SERVI FEE-FOR-SERVIC	3 CES AND EXPENDITUR		.00 ONTH-OF-PAYMENT RE	EPOR'	.00	.001 2004 THRU	DEC	.00	P	.00 AGE 9,094
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY	3 MEDI-CAL SERVI FEE-FOR-SERVIC	3 CES AND EXPENDITURI E/DENTAL		.00 ONTH-OF-PAYMENT RE		.00 I FOR JAN : AID CODE	.001 2004 THRU 13	ONT	.00 2004 HLY AVERA		.00 AGE 9,094 03/14/05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	3 MEDI-CAL SERVI FEE-FOR-SERVIC	3 CES AND EXPENDITURI E/DENTAL VICES FOR MN - LOI UNITS OF SERVICE	NG TI	.00 ONTH-OF-PAYMENT RE	AVI	.00 I FOR JAN AID CODE	.001 2004 THRU 13 M UNITS/DAY	ONT	.00 2004 HLY AVERA COST PER	GE -	.00 AGE 9,094 03/14/05 
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 2,968 ELIGIBLES	3 MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER	3 CES AND EXPENDITURI E/DENTAL VICES FOR MN - LOI  UNITS OF SERVICE OR DAYS OF CARE	NG TI	.00 ONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES	AVI PEI	.00 I FOR JAN : AID CODE ERAGE COST R UNIT/DAY	.001 2004 THRU 13 M UNITS/DAY PER ELIG	ONT	.00 2004 HLY AVERA COST PER USER	GE - (	.00 AGE 9,094 03/14/05 COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  2,968 ELIGIBLES @OPTOMETRIST	3 MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS	3 CES AND EXPENDITURI E/DENTAL VICES FOR MN - LOI  UNITS OF SERVICE OR DAYS OF CARE 29	NG TI	.00 ONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES 541.56	AVI	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 18.67	.001 2004 THRU 13 M UNITS/DAY PER ELIG .010	ONT	.00 2004 HLY AVERA COST PER USER 45.13	GE - (	.00 AGE 9,094 03/14/05  COST PER ELIGIBLE .18
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  2,968 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	3 MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER	3 CES AND EXPENDITURE E/DENTAL VICES FOR MN - LOI  UNITS OF SERVICE OR DAYS OF CARE 29 4	NG TI	.00 ONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES 541.56 32.03	AVI PEI	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 18.67 8.01	.001 2004 THRU 13 M UNITS/DAY PER ELIG .010 .001	ONT	.00 2004 HLY AVERA COST PER USER 45.13 16.02	GE - (	.00 AGE 9,094 03/14/05  COST PER ELIGIBLE .18 .01
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  2,968 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	3 MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS	3 CES AND EXPENDITURE E/DENTAL VICES FOR MN - LOI  UNITS OF SERVICE OR DAYS OF CARE 29 4 23	NG TI	.00 ONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES 541.56 32.03 450.08	AVI PEI	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 18.67 8.01 19.57	.001 2004 THRU 13 M UNITS/DAY PER ELIG .010 .001 .008	ONT	.00 2004 HLY AVERA COST PER USER 45.13 16.02 56.26	GE - (	.00 AGE 9,094 03/14/05  COST PER ELIGIBLE .18 .01 .15
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  2,968 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	3 MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS	3 CES AND EXPENDITURE E/DENTAL VICES FOR MN - LOI  UNITS OF SERVICE OR DAYS OF CARE 29 4 23 2	NG TI	.00 ONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES 541.56 32.03 450.08 59.45	AVI PEI \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 18.67 8.01 19.57 29.73	.001 2004 THRU 13 M UNITS/DAY PER ELIG .010 .001 .008 .001	ONT S \$	.00 2004 HLY AVERA COST PER USER 45.13 16.02 56.26 29.73	GE - ( I \$	.00 AGE 9,094 03/14/05  COST PER ELIGIBLE .18 .01 .15 .02
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  2,968 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	3 MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 12 2 8 2 0	3 CES AND EXPENDITURE E/DENTAL VICES FOR MN - LOI  UNITS OF SERVICE OR DAYS OF CARE 29 4 23 2 0	NG TI	.00 ONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES 541.56 32.03 450.08 59.45 .00	AVI PEI	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 18.67 8.01 19.57 29.73 .00	.001 2004 THRU 13 M UNITS/DAY PER ELIG .010 .001 .008 .001 .000	ONT S \$	.00 2004 HLY AVERA COST PER USER 45.13 16.02 56.26 29.73 .00	GE - ( I \$	.00 AGE 9,094 03/14/05 COST PER ELIGIBLE .18 .01 .15 .02 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  2,968 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 12 2 8 2 0 0	3 CES AND EXPENDITURE E/DENTAL VICES FOR MN - LOI  UNITS OF SERVICE OR DAYS OF CARE 29 4 23 2 0 0	NG TI	.00 ONTH-OF-PAYMENT RE ERM CARE - AGED  EXPENDITURES  541.56 32.03 450.08 59.45 .00 .00	AVI PEI \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 18.67 8.01 19.57 29.73 .00 .00	.001 2004 THRU 13 M UNITS/DAY PER ELIG .010 .001 .001 .008 .001 .000	ONT S \$	.00 2004 HLY AVERA COST PER USER 45.13 16.02 56.26 29.73 .00	GE - ( I \$	.00 AGE 9,094 03/14/05 
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  2,968 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 12 2 8 8 2 0 0	3 CES AND EXPENDITURI E/DENTAL VICES FOR MN - LOI  UNITS OF SERVICE OR DAYS OF CARE 29 4 23 2 0 0 0	NG T	.00 ONTH-OF-PAYMENT RE ERM CARE - AGED  EXPENDITURES  541.56 32.03 450.08 59.45 .00 .00 .00	AVI PEI \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 18.67 8.01 19.57 29.73 .00 .00 .00	.001 2004 THRU 13 M UNITS/DAY PER ELIG .010 .001 .008 .001 .000 .000	ONT S \$	.00 2004 HLY AVERA COST PER USER 45.13 16.02 56.26 29.73 .00 .00	GE - ( , , ,	.00 AGE 9,094 03/14/05  COST PER ELIGIBLE .18 .01 .15 .02 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  2,968 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 12 2 8 8 2 0 0 0 0	3 CES AND EXPENDITURI E/DENTAL VICES FOR MN - LOI  UNITS OF SERVICE OR DAYS OF CARE 29 4 23 2 0 0 0 99	NG TI	.00 ONTH-OF-PAYMENT RE ERM CARE - AGED  EXPENDITURES  541.56 32.03 450.08 59.45 .00 .00 .00 818.22	AVI PEI \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 18.67 8.01 19.57 29.73 .00 .00 .00 8.26	.001 2004 THRU  13 M UNITS/DAY PER ELIG .010 .001 .001 .008 .001 .000 .000 .000	ONT S \$	.00 2004 HLY AVERA COST PER USER 45.13 16.02 56.26 29.73 .00 .00 .00 8.52	GE - ( , , ,	.00 AGE 9,094 03/14/05  COST PER ELIGIBLE .18 .01 .15 .02 .00 .00 .00 .28
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  2,968 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 12 2 8 8 2 0 0 0 0 96	3 CES AND EXPENDITURI E/DENTAL VICES FOR MN - LOI  UNITS OF SERVICE OR DAYS OF CARE 29 4 23 2 0 0 0 99 0	NG T	.00 ONTH-OF-PAYMENT RE ERM CARE - AGED  EXPENDITURES  541.56 32.03 450.08 59.45 .00 .00 .00 818.22 .00	AVI PEI \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 18.67 8.01 19.57 29.73 .00 .00 .00 8.26 .00	.001 2004 THRU  13 M UNITS/DAY PER ELIG .010 .001 .008 .001 .000 .000 .000 .000	ONT S \$	.00 2004 HLY AVERA COST PER USER 45.13 16.02 56.26 29.73 .00 .00 .00 8.52	GE - ( , , ,	.00 AGE 9,094 03/14/05 COST PER ELIGIBLE .18 .01 .15 .02 .00 .00 .00 .28 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  2,968 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 12 2 8 2 0 0 0 0 96 0	3 CES AND EXPENDITURIE/DENTAL VICES FOR MN - LOI  UNITS OF SERVICE OR DAYS OF CARE 29 4 23 2 0 0 0 99 0	NG T	.00 ONTH-OF-PAYMENT RE ERM CARE - AGED  EXPENDITURES  541.56 32.03 450.08 59.45 .00 .00 .00 818.22 .00 .00	AVI PEI \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 18.67 8.01 19.57 29.73 .00 .00 .00 8.26 .00 .00	.001 2004 THRU  13 M UNITS/DAY PER ELIG .010 .001 .008 .001 .000 .000 .000 .000	ONT S \$	.00 2004 HLY AVERA COST PER USER 45.13 16.02 56.26 29.73 .00 .00 .00 8.52 .00	GE - ( , , ,	.00 AGE 9,094 03/14/05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  2,968 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 12 2 8 2 0 0 0 0 96 0 0	3 CES AND EXPENDITURI E/DENTAL VICES FOR MN - LOI  UNITS OF SERVICE OR DAYS OF CARE 29 4 23 2 0 0 0 0 99 0 0 0	NG T	.00 ONTH-OF-PAYMENT RE ERM CARE - AGED  EXPENDITURES  541.56 32.03 450.08 59.45 .00 .00 .00 .00 818.22 .00 .00 .00 .00	AVI PEI \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 18.67 8.01 19.57 29.73 .00 .00 .00 8.26 .00 .00 .00	.001 2004 THRU  13 M UNITS/DAY PER ELIG .010 .001 .008 .001 .000 .000 .000 .000	ONT S \$	.00 2004 HLY AVERA COST PER USER 45.13 16.02 56.26 29.73 .00 .00 .00 8.52 .00 .00	GE - ( , , ,	.00 AGE 9,094 03/14/05 COST PER ELIGIBLE .18 .01 .15 .02 .00 .00 .28 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  2,968 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 12 2 8 2 0 0 0 0 96 0 0	3 CES AND EXPENDITURIE/DENTAL VICES FOR MN - LOI  UNITS OF SERVICE OR DAYS OF CARE 29 4 23 2 0 0 0 0 99 0 0 99 99	NG T	.00 ONTH-OF-PAYMENT RE ERM CARE - AGED  EXPENDITURES  541.56 32.03 450.08 59.45 .00 .00 .00 818.22 .00 .00 818.22	AVI PEI \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 18.67 8.01 19.57 29.73 .00 .00 .00 8.26 .00 .00 8.26	.001 2004 THRU  13 M UNITS/DAY PER ELIG .010 .001 .008 .001 .000 .000 .000 .033 .000 .000 .000	CONT S \$ \$	.00 2004 HLY AVERA COST PER USER 45.13 16.02 56.26 29.73 .00 .00 .00 8.52 .00 .00	GE - ( ) I	.00 AGE 9,094 03/14/05 COST PER ELIGIBLE .18 .01 .15 .02 .00 .00 .28 .00 .00 .00 .28
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  2,968 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS  12 2 8 2 0 0 0 0 0 96 0 0 96 0	3 CES AND EXPENDITURIE/DENTAL VICES FOR MN - LOI  UNITS OF SERVICE OR DAYS OF CARE 29 4 23 2 0 0 0 0 99 0 0 99 0	NG T1	.00 ONTH-OF-PAYMENT RE ERM CARE - AGED  EXPENDITURES  541.56 32.03 450.08 59.45 .00 .00 .00 818.22 .00 .00 818.22 .00 .00 818.22	AVI PEI \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 18.67 8.01 19.57 29.73 .00 .00 .00 8.26 .00 .00 8.26 .00	.001 2004 THRU  13 M UNITS/DAY PER ELIG .010 .001 .000 .001 .000 .000 .000 .00	ONT S \$	.00 2004 HLY AVERA COST PER USER 45.13 16.02 56.26 29.73 .00 .00 .00 8.52 .00 .00 .00	GE - (	.00 AGE 9,094 03/14/05  COST PER ELIGIBLE .18 .01 .15 .02 .00 .00 .00 .28 .00 .00 .28 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  2,968 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS 12 2 8 2 0 0 0 0 0 96 0 0 0	3 CES AND EXPENDITURI E/DENTAL VICES FOR MN - LOI  UNITS OF SERVICE OR DAYS OF CARE 29 4 23 2 0 0 0 0 99 0 0 99 0 0 0 0 0 0 0 0 0 0	NG T1	.00 ONTH-OF-PAYMENT RE ERM CARE - AGED  EXPENDITURES  541.56 32.03 450.08 59.45 .00 .00 .00 818.22 .00 .00 818.22 .00 .00 .00 .00 818.22	AVI PEI \$ \$ \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 18.67 8.01 19.57 29.73 .00 .00 .00 8.26 .00 .00 8.26 .00 .00 8.26 .00 .00	.001 2004 THRU  13 M UNITS/DAY PER ELIG .010 .001 .008 .001 .000 .000 .000 .000	CONT S \$ \$	.00 2004 HLY AVERA COST PER USER 45.13 16.02 56.26 29.73 .00 .00 .00 8.52 .00 .00 .00 .00	GE - ( I )	.00 AGE 9,094 03/14/05  COST PER ELIGIBLE .18 .01 .15 .02 .00 .00 .00 .28 .00 .00 .28 .00 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  2,968 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS  12 2 8 2 0 0 0 0 0 0 96 0 0 96 0 0 0 0 0 0 0 0	3 CES AND EXPENDITURIE/DENTAL VICES FOR MN - LOI  UNITS OF SERVICE OR DAYS OF CARE 29 4 23 2 0 0 0 0 99 0 0 99 0	NG T1	.00 ONTH-OF-PAYMENT RE ERM CARE - AGED  EXPENDITURES  541.56 32.03 450.08 59.45 .00 .00 .00 818.22 .00 .00 .00 818.22 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI \$ \$ \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 18.67 8.01 19.57 29.73 .00 .00 .00 8.26 .00 .00 8.26 .00 .00 8.26 .00 .00 .00 8.26 .00 .00 .00	.001 2004 THRU  13 M UNITS/DAY PER ELIG .010 .001 .008 .001 .000 .000 .000 .000	ONT S \$ \$ \$ \$	.00 2004 HLY AVERA COST PER USER 45.13 16.02 56.26 29.73 .00 .00 .00 8.52 .00 .00 8.52 .00	GE - (	.00 AGE 9,094 03/14/05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  2,968 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS  12 2 8 2 0 0 0 0 0 0 96 0 0 96 0 0 0 0 0 0 0 0	3 CES AND EXPENDITURI E/DENTAL VICES FOR MN - LOI  UNITS OF SERVICE OR DAYS OF CARE 29 4 23 2 0 0 0 0 99 0 0 99 0 0 0 0 0 0 0 0 0 0	NG T1	.00 ONTH-OF-PAYMENT RE ERM CARE - AGED  EXPENDITURES  541.56 32.03 450.08 59.45 .00 .00 .00 .00 .00 818.22 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI \$ \$ \$ \$ \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 18.67 8.01 19.57 29.73 .00 .00 .00 8.26 .00 .00 8.26 .00 .00 .00 8.26 .00 .00 .00 8.26 .00 .00 .00 .00	.001 2004 THRU  13 M UNITS/DAY PER ELIG .010 .001 .008 .001 .000 .000 .000 .000	ONT S \$ \$ \$ \$ \$	.00 2004 HLY AVERA COST PER USER 45.13 16.02 56.26 29.73 .00 .00 .00 8.52 .00 .00 8.52 .00 .00	GE S S S S S S S S S S S S S S S S S S S	.00 AGE 9,094 03/14/05 COST PER ELIGIBLE .18 .01 .15 .02 .00 .00 .00 .28 .00 .00 .28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  2,968 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS  12 2 8 2 0 0 0 0 96 0 0 96 0 0 0 96 0 0 0 0 96	3 CES AND EXPENDITURI E/DENTAL VICES FOR MN - LOI  UNITS OF SERVICE OR DAYS OF CARE 29 4 23 2 0 0 0 0 0 99 0 0 0 99 0 0 0 0 0 0 0 0	NG T1	.00 ONTH-OF-PAYMENT RE ERM CARE - AGED  EXPENDITURES  541.56 32.03 450.08 59.45 .00 .00 .00 .00 818.22 .00 .00 .00 818.22 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI \$ \$ \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 18.67 8.01 19.57 29.73 .00 .00 .00 8.26 .00 .00 8.26 .00 .00 8.26 .00 .00 .00 8.26 .00 .00 .00	.001 2004 THRU  13 M UNITS/DAY PER ELIG .010 .001 .008 .001 .000 .000 .000 .000	ONT S \$ \$ \$ \$	.00 2004 HLY AVERA COST PER USER 45.13 16.02 56.26 29.73 .00 .00 .00 8.52 .00 .00 8.52 .00	GE - ( ) I	.00 AGE 9,094 03/14/05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  2,968 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS  12 2 8 2 0 0 0 0 96 0 0 96 0 0 0 96 0 0 0 0 0 0	3 CES AND EXPENDITURI E/DENTAL VICES FOR MN - LOI  UNITS OF SERVICE OR DAYS OF CARE 29 4 23 2 0 0 0 0 99 0 0 0 99 0 0 0 0 0 0 0 0 0	NG T1	.00 ONTH-OF-PAYMENT RE ERM CARE - AGED  EXPENDITURES  541.56 32.03 450.08 59.45 .00 .00 .00 .00 818.22 .00 .00 .00 818.22 .00 .00 .00 42,362.60	AVI PEI \$ \$ \$ \$ \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 18.67 8.01 19.57 29.73 .00 .00 .00 8.26 .00 .00 8.26 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.001 2004 THRU  13 M UNITS/DAY PER ELIG .010 .001 .008 .001 .000 .000 .000 .000	ONT S \$ \$ \$ \$ \$	.00 2004 HLY AVERA COST PER USER 45.13 16.02 56.26 29.73 .00 .00 .00 8.52 .00 .00 .00 8.52 .00 .00 .00 .00	GE - ( ) I	.00 AGE 9,094 03/14/05 COST PER ELIGIBLE .18 .01 .15 .02 .00 .00 .00 .28 .00 .00 .00 .28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  2,968 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS  12 2 8 2 0 0 0 0 96 0 0 96 0 0 0 96 0 0 0 129	3 CES AND EXPENDITURI E/DENTAL VICES FOR MN - LOI  UNITS OF SERVICE OR DAYS OF CARE 29 4 23 2 0 0 0 0 0 99 0 0 0 0 99 0 0 403	NG T1	.00 ONTH-OF-PAYMENT RE ERM CARE - AGED  EXPENDITURES  541.56 32.03 450.08 59.45 .00 .00 .00 .00 818.22 .00 .00 .00 818.22 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI \$ \$ \$ \$ \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 18.67 8.01 19.57 29.73 .00 .00 .00 .00 8.26 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.001 2004 THRU  13	ONT S \$ \$ \$ \$ \$	.00 2004 HLY AVERA COST PER USER 45.13 16.02 56.26 29.73 .00 .00 .00 .00 .00 8.52 .00 .00 .00 .00 .00 .00 .00 .0	GE - ( ) I	.00 AGE 9,094 03/14/05 COST PER ELIGIBLE .18 .01 .15 .02 .00 .00 .00 .28 .00 .00 .00 .28 .00 .00 .00 .28 .00 .00 .00 .14.27

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	40	0	34,346.65	.00	.000	858.67	11.57
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	92	403	8,015.95	19.89	.136	87.13	2.70
MEDICAL	2	3	209.70	69.90	.001	104.85	.07
SURGERY	1	1	177.02	177.02	.000	177.02	.06
PATHOLOGY	2	6	67.56	11.26	.002	33.78	.02
RADIOLOGY	1	3	72.26	24.09	.001	72.26	.02
ROOM USE	1	2	172.88	86.44	.001	172.88	.06
CROSSOVERS/ALL OTH OUTPTNT	88	388	7,316.53	18.86	.131	83.14	2.47
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL

MEMADA COUNTY STIMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13

NEVADA COUNTY	SUMMARY OF SERVICES FO	OR MN - LO	NG '	TERM CARE - AGED		AID CODE	13				
							MC	TNC	HLY AVERA	GE	
2,968 ELIGIBLES	USERS UNITS	OF SERVICE	:	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS		COST PER	_	COST PER
2,300 22101222		AYS OF CARE					PER ELIG	•	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	129	403	Ś	42,362.60		105.12	.136	Ś	328.39		14.27
COMM HOSP INPATIENT TOTAL	40	0	Y	34,346.65		.00	.000	Y	858.67	Y	11.57
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0									
ACCOMMODATIONS	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	40	0		34,346.65		.00	.000		858.67		11.57
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	92	403		8,015.95		19.89	.136		87.13		2.70
MEDICAL	2	3		209.70		69.90	.001		104.85		.07
SURGERY	1	1		177.02		177.02	.000		177.02		.06
PATHOLOGY	2	6		67.56		11.26	.002		33.78		.02
RADIOLOGY	1	3		72.26		24.09	.001		72.26		.02
ROOM USE	1	2		172.88		86.44	.001		172.88		.06
CROSSOVERS/ALL OTH OUTPTNT	- 88	388		7,316.53		18.86	.131		83.14		2.47
@STATE HOSPITAL	0	0	\$	.00		.00		Ś		Ś	.00
MENTALLY ILL	0	0	Τ.	.00		.00	.000	Τ.	.00	Τ.	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	2 <b>,</b> 536	79,013	Ś	8,083,028.22		102.30		\$	3187.31	\$	2723.39
LEV A-INTERMEDIATE	0	0	Y	.00		.00	.000	Ÿ	.00	Ÿ	.00
LEV B-REHAB MD	1	30		2,439.60		81.32	.010		2439.60		.82
LEV B-REHAD MD  LEV B-SUBACUTE FREESTANDING	1	0		2,439.00		.00	.000		.00		.00
	0	0				.00			.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00			.000				
LEV B-TRANSITIONAL IP CARE	-	-		.00		.00	.000		.00		.00
LEV B-REGULAR		78,983		8,080,588.62		102.31	26.612		3187.61		2722.57
@INTERMEDIATE CARE FACILDD	0	0	\$	.00		.00		\$		\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0 12 0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	12	16	\$	6,616.68		413.54	.005	\$	551.39	\$	2.23
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	12	16		6,616.68		413.54	.005		551.39		2.23
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	18	\$	27.12	\$	1.51	.006	\$	4.52	\$	.01
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	6	18		27.12		1.51	.006		4.52		.01
@ORGANIZED OUTPATIENT CLINIC	2	3	Ś	560.96		186.99		\$		\$	.19
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2	3		560.96		186.99	.001		280.48		.19
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		י סקי					)EC		T	AGE 9,096
MOP024			ا دی	MONIN-OF-PAIMENT	VELOKI	TOV DAM	ZUU4 INKU L	ノロし	2004	r	03/14/05
	FEE-FOR-SERVICE/DENTAL		NTC '	TEDM CADE ACED		ATD CODE	1.0				03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FO	JK MN - LO	MG ,	TERM CARE - AGED		AID CODE	13				

2,968 ELIGIBLES	USERS	UNITS OF SERVIC	CE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	RE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	258	9,128	\$	392,694.26	\$ 43.02	3.075	\$ 1522.07	\$ 132.31
DURABLE MED. EQUIP.	44	241		35,873.60	148.85	.081	815.31	12.09
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	8		1,538.53	192.32	.003	219.79	.52
MEDICAL TRANSPORTATION	25	451		1,267.74	2.81	.152	50.71	.43
AMBULANCES/AIR TRANS	1	7		37.51	5.36	.002	37.51	.01
OTHER TRANS	24	444		1,230.23	2.77	.150	51.26	.41
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	2		139.16	69.58	.001	139.16	.05
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	14	32		384.74	12.02	.011	27.48	.13
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	41	70		41.26	.59	.024	1.01	.01
PROSTHETIST/ORTHOTISTS	1	3		39.80	13.27	.001	39.80	.01
PROSTHETICS	1	3		39.80	13.27	.001	39.80	.01
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	7		289.08	41.30	.002	57.82	.10
HOSPICE SERVICES	105	3 <b>,</b> 091		351 <b>,</b> 488.60	113.71	1.041	3347.51	118.43
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	24	5 <b>,</b> 223		1,631.75	.31	1.760	67.99	.55
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	
@XOVER EXCLUDING STATE HOSP**	798	17,527	\$	167,748.35	\$ 9.57	5.905	\$ 210.21	\$ 56.52
A* TOTALS IN THESE TIMES ARE CT	TENT AC A CEDAT	DAME THEODMARTON	TUEM	ONIT V •				

----- MONTHLY AVERAGE -----

0\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,097 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 NEVADA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

SOUTHAIN OF SERV	VICES FOR MIN	поис	T 17171	CHILE DITIED		AID CODE	23			
							MC	NTHLY AVERA	GΕ	
USERS	UNITS OF SERV	ICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
	OR DAYS OF C	ARE			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
38	1,730	\$		89,386.55	\$	51.67	48.056	\$ 2352.28	\$	2482.96
2	2	\$		3.57	\$	1.79	.056	\$ 1.79	\$	.10
0	0			.00		.00	.000	.00		.00
0	0			.00		.00	.000	.00		.00
0	0			.00		.00	.000	.00		.00
0	0			.00		.00	.000	.00		.00
0	0			.00		.00	.000	.00		.00
0	0			.00		.00	.000	.00		.00
0	0			.00		.00	.000	.00		.00
0	0			.00		.00	.000	.00		.00
0	0			.00		.00	.000	.00		.00
0	0			.00		.00	.000	.00		.00
0	0			.00		.00	.000	.00		.00
0	0			.00		.00	.000	.00		.00
	USERS	OR DAYS OF C	USERS UNITS OF SERVICE OR DAYS OF CARE	USERS UNITS OF SERVICE OR DAYS OF CARE	USERS UNITS OF SERVICE OR DAYS OF CARE  38 1,730 \$ 89,386.55 2 2 \$ 3.57 0 0 0 .00	USERS UNITS OF SERVICE OR DAYS OF CARE  38 1,730 \$ 89,386.55 \$ 2 2 \$ 3.57 \$ 0 0 0 .00	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE 38 1,730 \$ 89,386.55 \$ 51.67 2 2 \$ 3.57 \$ 1.79 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE  38	USERS UNITS OF SERVICE OR DAYS OF CARE  38	USERS UNITS OF SERVICE OR DAYS OF CARE  38

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		
OUTPATIENT SURGERY	0	0				.00	.000				.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
	2								1.79		
OTHER SERVICES/ALL X-OVERS		2		3.57		1.79	.056				.10
@PHARMACY	34	925	\$	10,955.56	\$	11.84	25.694	Ş	322.22	Ş	304.32
PRESCRIPTION DRUGS	32	217		10,471.02		48.25	6.028		327.22		290.86
SNF/ICF	21	160		7,556.66		47.23	4.444		359.84		209.91
OUTPATIENTS	12	57		2,914.36		51.13	1.583		242.86		80.95
MEDICAL SUPPLIES	2	708		484.54		.68	19.667		242.27		13.46
@DENTIST	0	0	\$	.00	Ś	.00	.000	Ś	.00	Ś	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	Õ		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
DRUGS	0										.00
ANESTHESIA	U	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		
	0	0									.00
ALL OTHER SERVICES	0	ŭ		.00		.00	.000		.00	_	.00
#CALIF DEPT OF HEALTH SERV			RES	MONTH-OF-PAYMENT R	EPOR'	I' FOR JAN 2	2004 THRU L	EC	2004	Ρ.	AGE 9,098
MOP024	FEE-FOR-SERVICE										03/14/05
NEVADA COUNTY	SUMMARY OF SERV	VICES FOR MN - LO	NG	TERM CARE - BLIND		AID CODE	23				
							MC	NT	HLY AVERA	GΕ	
36 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AV.	ERAGE COST	UNITS/DAYS	5 (	COST PER		COST PER
		OR DAYS OF CARE	2		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	Õ		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
OTHER OPTOMETRIC SERVICES			<u> </u>		<u> </u>			<u> </u>		<u> </u>	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	Ş	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	Ċ	.00	Ċ	.00
	0	0									
NURSE ANESTHESIST	U	U	\$	.00	\$	.00	.000	Ą	.00	Ş	.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	Õ	•	\$	.00	\$	.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000		.00		.00
@TOTAL HOSPITAL	6	6	\$	1,773.23	\$	295.54	.167	\$	295.54		49.26
HOSP INPATIENT TOTAL	2	0		1,641.75		.00	.000		820.88		45.60
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00 820.88		.00
INPATIENT CROSSOVERS ALL OTHER INPATIENT	2	0		1,641.75		.00	.000				45.60 .00
HOSP OUTPATIENT TOTAL	0	6		.00 131.48		21.91	.000 .167		.00 32.87		3.65
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	4	6		131.48		21.91	.167		32.87		3.65
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE	S MON	TH-OF-PAYMENT R	EPOR	r for jan	2004 THRU	DEC	2004	P.	AGE 9,099
MOP024	FEE-FOR-SERVICE/D	ENTAL									03/14/05
NEVADA COUNTY	SUMMARY OF SERVIC	ES FOR MN - LON	G TER	RM CARE - BLIND		AID CODE					
0.6									HLY AVERA		
36 ELIGIBLES		NITS OF SERVICE		EXPENDITURES			UNITS/DAY				COST PER
0.000,000,000,000,000,000,000,000,000,0		OR DAYS OF CARE	Ċ.	1 772 02		- ,	PER ELIC		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6	6 0	\$	1,773.23	\$		.167				49.26
COMM HOSP INPATIENT TOTAL	0	0					.000				45.60
HSC HOSPITALS NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00 .00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	Ö		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	0		1,641.75		.00	.000		820.88		45.60
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

COMM HOSP OUTPATIENT TOTAL	4	6	131.48	21.91	.167	32.87	3.65
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	6	131.48	21.91	.167	32.87	3.65
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	27	796	\$ 73,937.20	\$ 92.89	22.111	\$ 2738.41	\$ 2053.81
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	27	796	73,937.20	92.89	22.111	2738.41	2053.81
@INTERMEDIATE CARE FACILDD	1	1	\$ 2 <b>,</b> 716.99	\$ 2716.99	.028	\$ 2716.99	\$ 75.47
ICF DDH	1	1	163.45	163.45	.028	163.45	4.54
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	2,553.54	.00	.000	.00	70.93
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER 0 0 .00 .00 .000 .00 .00 .00 .00 HEROIN DETOX CLINIC 0 0 .00 .000 .00 .00 RURAL HEALTH CLINIC 0 Ω . 00 .00 .000 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,100 03/14/05 MOP024 FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

						MC	NTHLY	Z AVERA	GE	
36 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	COS	ST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG	J	JSER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$	.00	.000	\$	.00	\$	.00
DURABLE MED. EQUIP.	0	0	.00		.00	.000		.00		.00
BLOOD BANK	0	0	.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0	.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0	.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0	.00		.00	.000		.00		.00
OTHER TRANS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
ACUPUNCTURE	0	0	.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0	.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000		.00		.00
OPTICIAN	0	0	.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0	.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0	.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0	.00		.00	.000		.00		.00
PROSTHETICS	0	0	.00		.00	.000		.00		.00
ORTHOTICS	0	0	.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0	.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0	0	.00		.00	.000		.00		.00
HOSPICE SERVICES	0	0	.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0	.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	0	0	.00		.00	.000		.00		.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$	.00	.000	\$	.00	\$	.00
@XOVER EXCLUDING STATE HOSP**	14	8 \$	4,395.43	\$	549.43	.222	\$ 3	313.96	\$	122.10
@* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARA	ATE INFORMATION ITEM ONLY	;							

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

NEVADA COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,101
MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

----- MONTHLY AVERAGE -----209 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 227 18,036 \$ 881,241.60 48.86 86.297 \$ 3882.12 \$ 4216.47 56 305 Ś 25.75 1.459 \$ 140.27 \$ @PHYSICIANS SERVICES 7,855.19 \$ 37.58 .024 5 5 326.63 65.33 65.33 1.56 OUTPATIENT VISITS 3 3 150.20 50.07 .014 50.07 .72 OFFICE VISITS .00 .00 .00 .000 .00 HOME VISITS 88.22 2 2 176.43 88.22 88.22 EMERGENCY ROOM .010 .84 .00 PREVENTIVE CARE 0 0 .00 .000 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	23	90		5,393.82		59.93	.431		234.51		25.81
HOSPITAL VISITS	8	38		1,716.13		45.16	.182		214.52		8.21
CRITICAL CARE	2	24		2,918.40		121.60	.115		1459.20		13.96
SNF/ICF/TRANS IP CARE	15	28		759.29		27.12	.134		50.62		3.63
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	3	13		857.83		65.99	.062		285.94		4.10
	J 1	1		383.47			.005		383.47		1.83
PRINCIPAL SURGEON	1					383.47					
ASSISTANT SURGEON	1	2		270.93		135.47	.010		270.93		1.30
ANESTHESIOLOGIST	1	10		203.43		20.34	.048		203.43		.97
OUTPATIENT SURGERY	1	1		74.65		74.65	.005		74.65		.36
PRINCIPAL SURGEON	1	1		74.65		74.65	.005		74.65		.36
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	3	3		125.02		41.67	.014		41.67		.60
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	29	193		1,077.24		5.58	.923		37.15		5.15
@PHARMACY	184	9,001	\$	93,612.57	\$	10.40	43.067	\$	508.76	\$	447.91
PRESCRIPTION DRUGS	183	1,514		90,180.61		59.56	7.244		492.79		431.49
SNF/ICF	182	1,486		87,465.67		58.86	7.110		480.58		418.50
OUTPATIENTS	2	28		2,714.94		96.96	.134		1357.47		12.99
MEDICAL SUPPLIES	19	7,487		3,431.96		.46	35.823		180.63		16.42
@DENTIST	10	19	\$		\$			Ś	159.30	Ś	7.62
VISITS - DIAGNOSTIC	9	16		478.00	'	29.88	.077		53.11		2.29
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	Ö		.00		.00	.000		.00		.00
ENDODONTICS	1	1		215.00		215.00	.005		215.00		1.03
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	2		900.00		450.00	.010		900.00		4.31
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0									
ALL OTHER SERVICES	U U		па <b>х</b>	.00	- DODE	.00	.000	DEG	.00	D.7	.00
#CALIF DEPT OF HEALTH SERV			ES I	MONTH-OF-PAYMENT RE	SPORT	FOR JAN	2004 THRU	DEC	2004	PF	AGE 9,102
MOP024	FEE-FOR-SERVICE					3.70 0000	60				03/14/05
NEVADA COUNTY	SUMMARY OF SERV	VICES FOR MN - LO	NG '.	TERM CARE - DISABLE	£D	AID CODE				~-	
000 51 10151 50					3		M				
209 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
0.0000000000000000000000000000000000000		OR DAYS OF CARE		0.0			PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	Ş	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	_	.00	_	.00	.000		.00	_	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00	_	.00
@PODIATRIST	6	6	\$	60.47	\$	10.08	.029	Ş	10.08	Ş	.29

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	6	6	60.47	10.08	.029	10.08	.29
@HOME HEALTH AGENCY	1	18 \$	1,370.96	\$ 76.16	.086 \$		
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$		
		•					•
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$		\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$		\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@TOTAL HOSPITAL	31	271 \$	67,243.95	\$ 248.13	1.297 \$	2169.16	\$ 321.74
HOSP INPATIENT TOTAL	3	51	62,709.05	1229.59	.244	20903.02	300.04
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	3	51	61,869.05	1213.12	.244	20623.02	296.02
ACCOMMODATIONS	3	51	44,880.11	880.00	.244	14960.04	214.74
ADMINISTRATIVE DAYS	1	5	4,028.74	805.75	.024	4028.74	19.28
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	46	40,851.37	888.07	.220	20425.69	195.46
ANCILLARIES	3	0	16,988.94	.00	.000	5662.98	81.29
INPATIENT CROSSOVERS	0	0	840.00	.00	.000	.00	4.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	28	220	4,534.90	20.61	1.053	161.96	21.70
MEDICAL	2	3	246.38	82.13	.014	123.19	1.18
SURGERY	1	1	71.96	71.96	.005	71.96	.34
PATHOLOGY	10	78	670.12	8.59	.373	67.01	3.21
RADIOLOGY	2	2	403.23	201.62	.010	201.62	1.93
ROOM USE	3	5	432.86	86.57	.024	144.29	2.07
CROSSOVERS/ALL OTH OUTPINT	20	131	2,710.35	20.69	.627	135.52	12.97
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		
		•					
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0	.00				
INPATIENT CROSSOVERS		0		.00	.000	.00	.00
ALL OTHER INPATIENT	0	Ü	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
	•						
		ES AND EXPENDITURES MON	NTH-OF-PAYMENT RE	SPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 9,103
MOP024	FEE-FOR-SERVICE						03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR MN - LONG TER	RM CARE - DISABLE	D AID CODE	63		
					MON	THLY AVERA	GE
209 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	31	271 \$	67,243.95	\$ 248.13		2169.16	
COMM HOSP INPATIENT TOTAL	3	51	62,709.05	1229.59	.244	20903.02	300.04
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	3	51	61,869.05	1213.12	.244	20623.02	296.02
ACCOMMODATIONS	3	51	44,880.11	880.00	.244	14960.04	214.74

ADMINITCHD ARTITE DAVIC	1	_		4 020 74		805.75	024		1000 71		10 00
ADMINISTRATIVE DAYS	0	0		4,028.74			.024		4028.74		19.28
TRANSITIONAL IP CARE						.00	.000				.00
ALL OTHER ACCOM	2	46		40,851.37		888.07	.220		20425.69		195.46
ANCILLARIES	3	0		16,988.94		.00	.000		5662.98		81.29
INPATIENT CROSSOVERS	0	0		840.00		.00	.000		.00		4.02
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	28	220		4,534.90		20.61	1.053		161.96		21.70
MEDICAL	2	3		246.38		82.13	.014		123.19		1.18
SURGERY	1	1		71.96		71.96	.005		71.96		.34
PATHOLOGY	10	78		670.12		8.59	.373		67.01		3.21
RADIOLOGY	2	2		403.23		201.62	.010		201.62		1.93
ROOM USE	3	5				86.57			144.29		2.07
	-			432.86			.024		135.52		
CROSSOVERS/ALL OTH OUTPTNT		131	_	2,710.35	_	20.69	.627	_		_	12.97
@STATE HOSPITAL	0	0	\$	.00	Ş	.00	.000	\$	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	161	5 <b>,</b> 374	\$	627 <b>,</b> 510.80	\$	116.77	25.713	\$	3897.58	\$	3002.44
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	161	5 <b>,</b> 374		627,510.80		116.77	25.713		3897.58		3002.44
	12	•	ć		Ċ			<u>~</u>		Ċ	
@INTERMEDIATE CARE FACILDD		366	\$	69,408.33	\$	189.64		Ş	5784.03	Ş	332.10
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	12	366		69,408.33		189.64	1.751		5784.03		332.10
@HEMODIALYSIS TOTAL	3	3	\$	1,116.13	\$	372.04	.014	\$	372.04	\$	5.34
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	3	3		1,116.13		372.04	.014		372.04		5.34
@REHABILITATION FACILITY	0	0	\$	.00	Ś	.00	.000	\$	.00	Ś	.00
HOSPITAL BASED	0	0	'	.00		.00	.000		.00	'	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	6	\$	40.99	\$	6.83	.029	Ċ	13.66	Ċ	.20
-	2	3	۲		Ą			Ą		ې	
PATHOLOGY	∠	3		28.33		9.44	.014		14.17		.14
XO AND OTHERS	<u> </u>	3		12.66		4.22	.014		12.66		.06
@ORGANIZED OUTPATIENT CLINIC	1		\$	78.30	\$	26.10	.014	Ş	78.30	Ş	.37
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	3		78.30		26.10	.014		78.30		.37
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	JRES	MONTH-OF-PAYMENT R	REPORT	FOR JAN 2	2004 THRU	DEC	2004	P	AGE 9,104
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
NEVADA COUNTY			ONG	TERM CARE - DISABL	ED	AID CODE	63				
112111211 0001111		1010 1011 1111 1	20210	12101 01112 210132		1112 0022		TUON	HLY AVERA	GE	
209 ELIGIBLES	USERS	UNITS OF SERVICE	TE.	EXPENDITURES	Δ1/Ε	ERAGE COST			COST PER		COST PER
209 111011110	05210	OR DAYS OF CAR		EMI EMBITORES		R UNIT/DAY			USER		ELIGIBLE
ANTI OMITED DEOLITERS	2.4			11 250 01					333.85		
@ALL OTHER PROVIDERS	34	2,664	\$	11,350.91	\$	4.26	12.746	\$		Ş	54.31
DURABLE MED. EQUIP.	5	24		888.13		37.01	.115		177.63		4.25
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	11	1,523		4,744.62		3.12	7.287		431.33		22.70
AMBULANCES/AIR TRANS	4	49		477.51		9.75	.234		119.38		2.28
OTHER TRANS	7	1,474		4,267.11		2.89	7.053		609.59		20.42
OTHER SERVICES	0	, 0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
	9	ŭ		• 0 0		• • •			• 5 0		• • •

ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1	2		16.64	8.32	.010	16.64	.08
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	2	4		86.04	21.51	.019	43.02	.41
PROSTHETIST/ORTHOTISTS	2	9		1,172.94	130.33	.043	586.47	5.61
PROSTHETICS	2	9		1,172.94	130.33	.043	586.47	5.61
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	12	39		1,648.68	42.27	.187	137.39	7.89
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8	1,063		2,793.86	2.63	5.086	349.23	13.37
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	63	4,572	\$	23,956.84	\$ 5.24	21.876	\$ 380.27	\$ 114.63
0* TOTALS IN THESE LINES ARE CIVEN	AS A SEDARATE	TNEORMATION	TTEM ONLY.					

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,105
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED	

							MO	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	€		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
@PHYSICIANS SERVICES	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0		.00	.00	.000	.00		.00
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00				.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0							
IMMUNIZATION AND INJECTION	•			.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	Ċ	.00
@PHARMACY	0	0 \$		.00	\$ .00	.000 \$		\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00		.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	0	0 \$		.00	\$ .00	.000 \$		\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0			.00		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PA	YMENT RE	EPORT FOR JAN 2	2004 THRU DEG	2004	PA	GE 9,106
MOP024	FEE-FOR-SERVICE	/DENTAL							03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR MN - LONG	TERM CARE -	FAMILIE	ES DISCONTINU	JED			
						MONT	THLY AVERA	.GE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPEND	ITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@OPTOMETRIST	0	0 \$		.00	\$ .00	.000 \$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00

		^		0.0	0.0	0.00	0.0		0.0
EYE APPLIANCES	0	0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000 \$		\$	.00
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	0	0	\$	.00	\$ .00	.000 \$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
OTHER	0		۵					<u>^</u>	
@HOME HEALTH AGENCY	0	0	\$	.00	\$ .00	.000 \$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000 \$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000 \$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000 \$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000 \$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$ .00	.000 \$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0							
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
	0	0			.00	.000	.00		.00
ROOM USE	0			.00					
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000 \$		\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
	0								
MEDICAL	U	0		.00	.00	.000	.00		.00
SURGERY	O	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURI	ES MONTH-OF		PORT FOR JAN 2	2004 THRU DEC	2004	PAGE	9,107
MOP024	FEE-FOR-SERVICE/DENTAL								/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR	MN - TO	NG TERM CAR	RE - FAMILIES	S DISCONTING	UED		30	,
					2 2 2 2 2 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1			~=	

		OR DAYS OF CARE				DFR	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	OR DATS OF CARE	\$		.00	\$	.00	.000		.00	\$	.00
COMM HOSP INPATIENT TOTAL	0	0	Ψ		.00	т	.00	.000	т	.00	т	.00
HSC HOSPITALS	0	0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	Ō	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0			.00		.00	.000		.00		.00
MEDICAL	0	0			.00		.00	.000		.00		.00
SURGERY	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
ROOM USE	0	0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0			.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0			.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
LEV B-REGULAR	0	0			.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0			.00		.00	.000		.00		.00
ICF DD	0	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	<u> </u>		.00	<b>^</b>	.00	.000	<u> </u>	.00	<u> </u>	.00
@REHABILITATION FACILITY	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	Ċ		.00	Ċ	.00	.000	Ċ	.00	Ċ	.00
@LABORATORY FACILITY	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY XO AND OTHERS	0	0			.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
CLINIC CLINIC	0	0	Ÿ		.00	Ÿ	.00	.000	Y	.00	Y	.00
SURGICENTER	0	0			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0										.00
		ES AND EXPENDITUR	FS MO									
	FEE-FOR-SERVICE		.110	NIII OF TAIR	111111 171	11 01(1	TON OAN 2	004 11110	DEC	2004		03/14/05
		ICES FOR MN - LC	NG TE	RM CARE - F	TAMTTITE	īS.	DISCONTINU	ED				03/11/03
112111211 0001111	00111111111 01 01111	1020 1011 1111 20	1.0 12	0					ONT	HLY AVERA	GE ·	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDIT	URES	AVE						
		OR DAYS OF CARE					UNIT/DAY	DED ELIC		HOED		TTCTDTE
@ALL OTHER PROVIDERS	0	0			.00	\$		.000	\$	.00	\$	.00
DURABLE MED. EQUIP.	0	0	•		.00		.00	.000		.00		.00
BLOOD BANK	0	0			.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,109
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

----- MONTHLY AVERAGE -----3,213 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 3,535 140,059 \$ 10,488,836.05 74.89 43.591 \$ 2967.14 \$ 3264.50 330 727 15,099.24 \$ 20.77 .226 \$ 45.76 \$ @PHYSICIANS SERVICES 7 .002 OUTPATIENT VISITS 7 450.21 64.32 .002 64.32 .14 5 0 54.76 OFFICE VISITS 5 273.78 54.76 .09 .00 .000 88.22 .001 .00 .000 .00 .000 .00 .000 54.98 .033 0 .00 .00 .00 HOME VISITS 176.43 88.22 .05 EMERGENCY ROOM .00 PREVENTIVE CARE 0 .00 .00 .00 .00 OB VISITS/COMPRE PERI .00 OTHER OUTPATIENT 0 0 .00 .00 54.98 5,882.67 183.83 INPATIENT VISITS 107 1.83 9 39 1,743.63 44.71 .012 193.74 HOSPITAL VISITS 2 24 1459.20 CRITICAL CARE 2,918.40 121.60 .007 .91 SNF/ICF/TRANS IP CARE 24 27.74 50.86 44 1,220.64 .014 .38 .001 80.51 OPHTHALMOLOGICAL SERVICES 53.67 .05 161.01 3 53.67 80.51 EXAMINATIONS 161.01 .001 .05 .00 .00 .00 .000 SERVICES AND MATERIALS .00 13 857.83 65.99 .004 285.94 .27 INPATIENT HOSPITAL SURGERY 1 383.47 383.47 PRINCIPAL SURGEON 383.47 .000 .12 2 ASSISTANT SURGEON 270.93 135.47 .001 270.93 .08 ANESTHESIOLOGIST 203.43 20.34 .003 203.43 .06

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	3	13		334.93	3	25.76	.004		111.64		.10
PRINCIPAL SURGEON	2	2		188.95	5	94.48	.001		94.48		.06
ASSISTANT SURGEON	0	0		.00	)	.00	.000		.00		.00
ANESTHESIOLOGIST	1	11		145.98	3	13.27	.003		145.98		.05
DIALYSIS	0	0		.00	)	.00	.000		.00		.00
PATHOLOGY	0	0		.00	)	.00	.000		.00		.00
RADIOLOGY	5	6		149.09	9	24.85	.002		29.82		.05
PSYCHIATRY	0	0		.00	)	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	1		5.00	)	5.00	.000		5.00		.00
OTHER SERVICES/ALL X-OVERS	293	577		7,258.50	)	12.58	.180		24.77		2.26
@PHARMACY	2,746	40,868	\$	1,077,034.18	3 \$	26.35	12.720	\$	392.22	\$	335.21
PRESCRIPTION DRUGS	2,731	20,958		1,056,311.95	5	50.40	6.523		386.79		328.76
SNF/ICF	2,598	19,566		1,034,510.41	L	52.87	6.090		398.19		321.98
OUTPATIENTS	177	1,392		21,801.54	1	15.66	.433		123.17		6.79
MEDICAL SUPPLIES	162	19,910		20,722.23	3	1.04	6.197		127.92		6.45
@DENTIST	132	241	\$	13,444.75	5 \$	55.79	.075	\$	101.85	\$	4.18
VISITS - DIAGNOSTIC	119	165		4,334.00	)	26.27	.051		36.42		1.35
ORAL SURGERY	16	42		1,737.75	5	41.38	.013		108.61		.54
DRUGS	0	0		.00	)	.00	.000		.00		.00
ANESTHESIA	0	0		.00	)	.00	.000		.00		.00
PERIODONTICS	0	0		.00	)	.00	.000		.00		.00
ENDODONTICS	1	1		215.00	)	215.00	.000		215.00		.07
RESTORATIVE DENTISTRY	7	7		933.00	)	133.29	.002		133.29		.29
PROSTHETICS	0	0		.00	)	.00	.000		.00		.00
DENTURES, STAYPLATES	16	23		6,225.00	)	270.65	.007		389.06		1.94
SPACE MAINTAINERS	0	0		.00	)	.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	)	.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	)	.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00	)	.00	.000		.00		.00
ALL OTHER SERVICES	3	3		.00	)	.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S MONTH	H-OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC	2004	PA	GE 9,110
MOP024	FEE-FOR-SERVICE/DENTA	L									03/14/05

NEVADA COUNTY	SUMMARY OF SERV	VICES FOR MN - LO	NG T	ERM CARE - TOTAL			MO	דותר	THT.V AWERA	CF	
3,213 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Δ17	ERAGE COST				.GE	COST PER
3,213 111011110	ОВЫКВ	OR DAYS OF CARE		LM BND1101CD		R UNIT/DAY		,	USER		ELIGIBLE
@OPTOMETRIST	12	29	\$	541.56	\$	18.67	.009	Ś	45.13		.17
DIAGNOSTIC AND ANC. PROCED	2	4	т	32.03	Τ.	8.01	.001	т	16.02	Τ.	.01
EYE APPLIANCES	8	23		450.08		19.57	.007		56.26		.14
OTHER OPTOMETRIC SERVICES	2	2		59.45		29.73	.001		29.73		.02
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	Ś	.00	\$	.00
VISITS	0	0	7	.00	т.	.00	.000	т	.00	-	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	102	105	\$	878.69	\$	8.37	.033	Ś	8.61	Ś	.27
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	102	105		878.69		8.37	.033		8.61		.27
@HOME HEALTH AGENCY	1	18	\$		\$	76.16	.006	\$		\$	.43
NURSE ANESTHESIST	0	0	\$	.00	\$	.00		\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00		\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00		\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00		\$	.00	\$	.00
@TOTAL HOSPITAL	166	680	\$		\$	163.79	.212	\$	670.96	\$	34.67
HOSP INPATIENT TOTAL	45	51		98,697.45		1935.24	.016		2193.28		30.72
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	3	51		61,869.05		1213.12	.016		20623.02		19.26
ACCOMMODATIONS	3	51		44,880.11		880.00	.016		14960.04		13.97
ADMINISTRATIVE DAYS	1	5		4,028.74		805.75	.002		4028.74		1.25
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	46		40,851.37		888.07	.014		20425.69		12.71
ANCILLARIES	3	0		16,988.94		.00	.000		5662.98		5.29
INPATIENT CROSSOVERS	42	0		36,828.40		.00	.000		876.87		11.46
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	124	629		12,682.33		20.16	.196		102.28		3.95
MEDICAL	4	6		456.08		76.01	.002		114.02		.14
SURGERY	2	2		248.98		124.49	.001		124.49		.08
PATHOLOGY	12	84		737.68		8.78	.026		61.47		.23
RADIOLOGY	3	5		475.49		95.10	.002		158.50		.15
ROOM USE	4	7		605.74		86.53	.002		151.44		.19
CROSSOVERS/ALL OTH OUTPINT	112	525		10,158.36		19.35	.163		90.70		3.16
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00

CROSSOVERS/ALL OTH OUTPINT 0 0 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,111 03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL NEVADA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

NEVADA COUNTY	SUMMARY OF SERVICES F	OR MN - LONG	G TERM	CARE - TOTAL							
									HLY AVERA	-	
3,213 ELIGIBLES		OF SERVICE		EXPENDITURES			'UNITS/DA'		COST PER		COST PER
		AYS OF CARE				- ,	PER ELIC		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	166		\$	111,379.78		163.79	.212	\$	670.96	\$	34.67
COMM HOSP INPATIENT TOTAL	45	51		98 <b>,</b> 697.45	1	935.24	.016		2193.28		30.72
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	3	51		61,869.05	1	213.12	.016		20623.02		19.26
ACCOMMODATIONS	3	51		44,880.11		880.00	.016		14960.04		13.97
ADMINISTRATIVE DAYS	1	5		4,028.74		805.75	.002		4028.74		1.25
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	46		40,851.37		888.07	.014		20425.69		12.71
ANCILLARIES	3	0		16,988.94		.00	.000		5662.98		5.29
INPATIENT CROSSOVERS	42	0		36,828.40		.00	.000		876.87		11.46
ALL OTHER INPATIENT	0	Õ		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	124	629		12,682.33		20.16	.196		102.28		3.95
MEDICAL	4	6		456.08		76.01	.002		114.02		.14
SURGERY	2	2		248.98		124.49	.001		124.49		.08
PATHOLOGY	12	84		737.68		8.78	.026		61.47		.23
	3	5				95.10	.002				
RADIOLOGY	4	5 7		475.49		86.53	.002		158.50 151.44		.15 .19
ROOM USE	•			605.74							
CROSSOVERS/ALL OTH OUTPTNT		525	<b>^</b>	10,158.36	<u> </u>	19.35	.163	<u> </u>	90.70	<u> </u>	3.16
@STATE HOSPITAL	0		\$	.00	\$	.00	.000	\$	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	_	.00	_	.00	.000	_	.00	_	.00
@NURSING FACILITY	2,724	<b>,</b>	\$	8,784,476.22	\$	103.12	26.512	\$	3224.84	\$	2734.04
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	1	30		2,439.60		81.32	.009		2439.60		.76
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2,723	85 <b>,</b> 153		8,782,036.62		103.13	26.503		3225.13		2733.28
@INTERMEDIATE CARE FACILDD	13	367	\$	72,125.32	\$	196.53	.114	\$	5548.10	\$	22.45
ICF DDH	1	1		163.45		163.45	.000		163.45		.05
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	12	366		71,961.87		196.62	.114		5996.82		22.40
@HEMODIALYSIS TOTAL	15	19	\$	7,732.81	\$	406.99	.006	\$	515.52	\$	2.41
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	15	19		7,732.81		406.99	.006		515.52		2.41
@REHABILITATION FACILITY	0	0 :	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	9		\$	68.11	\$	2.84	.007	\$	7.57	Ś	.02
PATHOLOGY	2	3	т	28.33	Τ	9.44	.001	Τ.	14.17	Τ.	.01
XO AND OTHERS	7	21		39.78		1.89	.007		5.68		.01
@ORGANIZED OUTPATIENT CLINIC	3		\$	639.26	\$	106.54	.002	\$		\$	.20
CLINIC CLINIC	0	0	٧	.00	Y	.00	.000	Y	.00	Y	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
	3	6		639.26							.20
RURAL HEALTH CLINIC			C MONTEUT			106.54	.002	DEC	213.09	-	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		INONT'E	1-OF-PAYMENT R	KEPUKT	FUK JAN	ZUU4 THRU	DEC	∠004	P	PAGE 9,112
MOP024	FEE-FOR-SERVICE/DENTA		C DEDY	CADE MOM2:							03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES F	OK MN - LONG	G TERM	CARE - TOTAL							

3,213 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAY		COST PER		COST PER
	0.00	OR DAYS OF CAR		404 045 15		UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	292	11,792	\$	404,045.17	\$	34.26		Ş	1383.72	Ş	
DURABLE MED. EQUIP.	49	265		36,761.73		138.72	.082		750.24		11.44
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	7	8		•		192.32	.002		219.79		.48
MEDICAL TRANSPORTATION	36	1,974		6,012.36			.614		167.01		1.87
AMBULANCES/AIR TRANS	5	56		515.02		9.20	.017		103.00		.16
OTHER TRANS	31	1,918		5 <b>,</b> 497.34		2.87	.597		177.33		1.71
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	1	2		139.16		69.58	.001		139.16		.04
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	15	34		401.38		11.81	.011		26.76		.12
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	43	74		127.30		1.72	.023		2.96		.04
PROSTHETIST/ORTHOTISTS	3	12		1,212.74		101.06	.004		404.25		.38
PROSTHETICS	3	12		1,212.74		101.06	.004		404.25		.38
ORTHOTICS	0	0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	17	46		1,937.76		42.13	.014		113.99		.60
HOSPICE SERVICES	105	3,091		351,488.60		113.71	.962		3347.51		109.40
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	32	6,286		4,425.61		.70	1.956		138.30		1.38
@CALIF. CHILDREN SERVICES*	0	. 0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@XOVER EXCLUDING STATE HOSP**	875	22,107	\$	196,100.62	\$	8.87	6.880	\$	224.11		61.03
RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES*		-	\$ \$	.00 .00 4,425.61 .00 196,100.62	\$ \$	.00 .00 .70	.000 .000 1.956 .000		.00 138.30 .00		.00 1.38 .00

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,113
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

DOINGING OF DELIC	(VICED FOR HEDICA	T T T 141	DDDI 110DD					
					MC	NTHLY AVERA	GE	
USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
	OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
6,019	148,569	\$	10,846,748.88	\$ 73.01	23.990	\$ 1802.08	\$	1751.45
690	2,414	\$	31,807.75	\$ 13.18	.390	\$ 46.10	\$	5.14
15	23		922.78	40.12	.004	61.52		.15
9	17		500.56	29.44	.003	55.62		.08
0	0		.00	.00	.000	.00		.00
5	5		403.02	80.60	.001	80.60		.07
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
1	1		19.20	19.20	.000	19.20		.00
13	29		897.70	30.96	.005	69.05		.14
4	11		436.35	39.67	.002	109.09		.07
1	2		.00	.00	.000	.00		.00
9	16		461.35	28.83	.003	51.26		.07
5	8		399.03	49.88	.001	79.81		.06
	USERS 6,019 690	USERS UNITS OF SERVICE OR DAYS OF CAR 6,019 148,569 690 2,414 15 23 9 17 0 0 5 5 0 0 0 0 1 1 1 13 29 4 11 1 2	USERS UNITS OF SERVICE OR DAYS OF CARE  6,019 148,569 \$ 690 2,414 \$ 15 23 9 17 0 0 5 5 0 0 0 0 1 1 1 13 29 4 11 1 2	USERS UNITS OF SERVICE OR DAYS OF CARE  6,019 148,569 \$ 10,846,748.88 690 2,414 \$ 31,807.75 15 23 922.78 9 17 500.56 0 0 0 .00 5 5 5 403.02 0 0 0 .00 0 0 .00 1 1 1 1 19.20 13 29 897.70 4 11 436.35 1 2 .00 9 16 461.35	USERS UNITS OF SERVICE OR DAYS OF CARE  6,019 148,569 \$ 10,846,748.88 \$ 73.01 690 2,414 \$ 31,807.75 \$ 13.18 15 23 922.78 40.12 9 17 500.56 29.44 0 0 0 .00 .00 5 5 5 403.02 80.60 0 0 0 .00 .00 0 0 0 .00 1 1 1 1 19.20 19.20 13 29 897.70 30.96 4 11 436.35 39.67 1 2 .00 .00 9 16 461.35 28.83	USERS UNITS OF SERVICE OR DAYS OF CARE  6,019 148,569 \$ 10,846,748.88 \$ 73.01 23.990 690 2,414 \$ 31,807.75 \$ 13.18 .390 15 23 922.78 40.12 .004 9 17 500.56 29.44 .003 0 0 .00 .00 .000 5 5 5 403.02 80.60 .001 0 0 .00 .00 .000 0 0 .00 .000 0 0 .00 .0	USERS UNITS OF SERVICE OR DAYS OF CARE  6,019 148,569 \$ 10,846,748.88 \$ 73.01 23.990 \$ 1802.08 690 2,414 \$ 31,807.75 \$ 13.18 .390 \$ 46.10 15 23 922.78 40.12 .004 61.52 9 17 500.56 29.44 .003 55.62 0 0 0 .00 .00 .000 .000 5 5 5 403.02 80.60 .001 80.60 0 0 0 .00 .00 .000 .000 0 0 0 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE  6,019 148,569 \$ 10,846,748.88 \$ 73.01 23.990 \$ 1802.08 \$ 690 2,414 \$ 31,807.75 \$ 13.18 .390 \$ 46.10 \$ 15 23 922.78 40.12 .004 61.52 9 17 500.56 29.44 .003 55.62 0 0 0 .00 .00 .000 .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	5	8		399.03		49.88	.001		79.81		.06
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	6	14		990.08		70.72	.002		165.01		.16
PRINCIPAL SURGEON	4	6		441.55		73.59	.001		110.39		.07
ASSISTANT SURGEON	1	1		374.53		374.53	.000		374.53		.06
ANESTHESIOLOGIST	1	7		174.00		24.86	.001		174.00		.03
OUTPATIENT SURGERY	7	25		2,419.67		96.79	.004		345.67		.39
PRINCIPAL SURGEON	5	5		1,995.74		399.15	.001		399.15		.32
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	3	20		423.93		21.20	.003		141.31		.07
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	2		16.16		8.08	.000		8.08		.00
RADIOLOGY	11	19		350.12		18.43	.003		31.83		.06
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	2		13.20		6.60	.000		6.60		.00
OTHER SERVICES/ALL X-OVERS	654	2,292		25,799.01		11.26	.370		39.45		4.17
@PHARMACY	4,787	49,851	\$	1,639,519.06			8.050	Ś		Ś	264.74
PRESCRIPTION DRUGS	4,764	29,422	٧	1,618,126.62		55.00	4.751	Y	339.66	Y	261.28
SNF/ICF	2,540	18,853		990,791.69		52.55	3.044		390.08		159.99
OUTPATIENTS	2,285	10,569		627,334.93		59.36	1.707		274.54		101.30
MEDICAL SUPPLIES	2,203	20,429		21,392.44		1.05	3.299		100.43		3.45
@DENTIST	210	544	\$	27,321.75			.088	Ċ		Ċ	4.41
VISITS - DIAGNOSTIC	159	297	۲	6,200.00		20.88	.048	۲	38.99	۲	1.00
ORAL SURGERY	32	81		3,704.75		45.74	.040		115.77		.60
DRUGS	0	0		3,704.73		.00	.000		.00		.00
	0	0				.00	.000				.00
ANESTHESIA	0	1		.00 55.00		55.00	.000		.00 55.00		.00
PERIODONTICS	3	3									
ENDODONTICS	38	80		760.00		253.33	.000		253.33		.12
RESTORATIVE DENTISTRY	38 0	* *		5,013.00		62.66	.013		131.92		.81
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	30 0	69		11,589.00		167.96	.011		386.30		1.87
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	9		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	./	13		.00		.00	.002		.00		.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE	ES N	MONTH-OF-PAYMENT	REPO:	RT FOR JAN 2	2004 THRU	DEC	2004	P.	AGE 9,114
MOP024	FEE-FOR-SERVIC	,									03/14/05
NEVADA COUNTY	SUMMARY OF SER	VICES FOR MEDICALI	LY N	NEEDY - AGED							
							M				
6,193 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		VERAGE COST					COST PER
		OR DAYS OF CARE	_			ER UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	49		\$	2,738.91		18.51	.024	\$	55.90	\$	. 4 4
DIAGNOSTIC AND ANC. PROCED	11	13		404.60		31.12	.002		36.78		.07
EYE APPLIANCES	41	128		2.209 17		17 26	021		53 88		36

6,193 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS OF CARE		PE	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	49	148	\$ 2,738.91	\$	18.51	.024	\$	55.90	\$ . 44
DIAGNOSTIC AND ANC. PROCED	11	13	404.60		31.12	.002		36.78	.07
EYE APPLIANCES	41	128	2,209.17		17.26	.021		53.88	.36
OTHER OPTOMETRIC SERVICES	5	7	125.14		17.88	.001		25.03	.02
@CHIROPRACTOR	2	4	\$ 66.88	\$	16.72	.001	\$	33.44	\$ .01
VISITS	0	0	.00		.00	.000		.00	.00
OTHER SERVICES	2	4	66.88		16.72	.001		33.44	.01
@PODIATRIST	143	169	\$ 1,414.89	\$	8.37	.027	\$	9.89	\$ .23
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00	.00
SURGERY/ANES.	0	0	.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00	.00
OTHER	143	169	1,414.89		8.37	.027		9.89	.23
@HOME HEALTH AGENCY	1	8	\$ 641.60	\$	80.20	.001	\$	641.60	\$ .10
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00

NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	1	1	\$ 2.10	\$ 2.10	.000	\$ 2.10	\$ .00
@TOTAL HOSPITAL	444	1,515	\$ 153,835.81	\$ 101.54	.245	\$ 346.48	\$ 24.84
HOSP INPATIENT TOTAL	98	26	123,053.22	4732.82	.004	1255.65	19.87
HSC HOSPITALS	1	4	7,200.00	1800.00	.001	7200.00	1.16
NON-HSC HOSPITAL TOTAL	4	22	39,393.75	1790.63	.004	9848.44	6.36
ACCOMMODATIONS	4	22	8,334.51	378.84	.004	2083.63	1.35
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	22	8,334.51	378.84	.004	2083.63	1.35
ANCILLARIES	4	0	31,059.24	.00	.000	7764.81	5.02
INPATIENT CROSSOVERS	93	0	76,459.47	.00	.000	822.14	12.35
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	356	1,489	30,782.59	20.67	.240	86.47	4.97
MEDICAL	7	10	405.17	40.52	.002	57.88	.07
SURGERY	2	2	196.45	98.23	.000	98.23	.03
PATHOLOGY	17	52	723.54	13.91	.008	42.56	.12
RADIOLOGY	5	7	174.33	24.90	.001	34.87	.03
ROOM USE	12	16	659.82	41.24	.003	54.99	.11
CROSSOVERS/ALL OTH OUTPINT	334	1,402	28,623.28	20.42	.226	85.70	4.62
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU D	EC 2004	PAGE 9,115
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FO	OR MEDICALLY	NEEDY - AGED				

NEVADA COUNTI	SOMMAN OF SERV	VICES FOR MEDICA		EEDI AGED			M	ONT	אסישואג עדעי	CE	
6,193 ELIGIBLES	USERS	UNITS OF SERVIC	E.	EXPENDITURES	7. 7.7	ERAGE COST			COST PER	.GE	COST PER
0,193 ELIGIBLES	OSERS	OR DAYS OF CAR		EXPENDITORES		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	444	1,515	.E. \$	153,835.81	\$		.245		346.48	ċ	24.84
	98	26	Ą	123,053.22	Ą	4732.82	.004	Ą	1255.65	Ą	19.87
COMM HOSP INPATIENT TOTAL	98	4									
HSC HOSPITALS	1			7,200.00		1800.00	.001		7200.00		1.16
NON-HSC HOSPITALS TOTAL	4	22		39,393.75		1790.63	.004		9848.44		6.36
ACCOMMODATIONS	4	22		8,334.51		378.84	.004		2083.63		1.35
ADMINISTRATIVE DAYS	Ü	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	O	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4	22		8,334.51		378.84	.004		2083.63		1.35
ANCILLARIES	4	0		31,059.24		.00	.000		7764.81		5.02
INPATIENT CROSSOVERS	93	0		76,459.47		.00	.000		822.14		12.35
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	356	1,489		30,782.59		20.67	.240		86.47		4.97
MEDICAL	7	10		405.17		40.52	.002		57.88		.07
SURGERY	2	2		196.45		98.23	.000		98.23		.03
PATHOLOGY	17	52		723.54		13.91	.008		42.56		.12
RADIOLOGY	5	7		174.33		24.90	.001		34.87		.03
ROOM USE	12	16		659.82		41.24	.003		54.99		.11
CROSSOVERS/ALL OTH OUTPINT	334	1,402		28,623.28		20.42	.226		85.70		4.62
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	2,671	81 <b>,</b> 795	\$	8,444,527.72	\$	103.24	13.208	\$	3161.56	\$	1363.56
LEV A-INTERMEDIATE	, 0	. 0		.00		.00	.000		.00		.00
LEV B-REHAB MD	2	111		11,085.17		99.87	.018		5542.59		1.79
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2,669	81,684		8,433,442.55		103.24	13.190		3159.78		1361.77
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	Ś	.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0		.00		.00	.000	·	.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	19	37	\$	11,527.01	\$	311.54	.006	Ś	606.68	Ś	1.86
HOSPITAL BASED	0	0	7	.00	-	.00	.000	-1	.00	7	.00
HEMODIALYSIS CENTER	19	37		11,527.01		311.54	.006		606.68		1.86
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	Ψ	.00	Ψ.	.00	.000	т	.00	т	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	10	30	\$	136.51	\$	4.55	.005	Ś	13.65	Ś	.02
PATHOLOGY	1	6	Y	65.95	Y	10.99	.001	٧	65.95	Y	.01
XO AND OTHERS	9	24		70.56		2.94	.001		7.84		.01
@ORGANIZED OUTPATIENT CLINIC	150	217	\$	31,904.90	\$	147.03	.035	Ċ	212.70	Ċ	5.15
CLINIC CLINIC	2	217	ų	59.42	ې	29.71	.000	۲	29.71	۲	.01
CHIMIC	۷	Z		39.42		∠ 2 • / ⊥	.000		43.11		.01

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SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

						MC	NTHLY AVERA	GE
6,193 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAP	RE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	668	11,836	\$	501,303.99	\$ 42.35	1.911	\$ 750.46	\$ 80.95
DURABLE MED. EQUIP.	57	268		39,430.11	147.13	.043	691.76	6.37
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	28	29		11,332.83	390.79	.005	404.74	1.83
MEDICAL TRANSPORTATION	31	522		1,790.27	3.43	.084	57.75	.29
AMBULANCES/AIR TRANS	3	37		387.45	10.47	.006	129.15	.06
OTHER TRANS	27	482		1,387.10	2.88	.078	51.37	.22
OTHER SERVICES	1	3		15.72	5.24	.000	15.72	.00
ACUPUNCTURE	1	1		27.03	27.03	.000	27.03	.00
ADULT DAY HEALTH CARE CTR	73	788		54,829.04	69.58	.127	751.08	8.85
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	66	154		1,888.38	12.26	.025	28.61	.30
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	48	80		48.63	.61	.013	1.01	.01
PROSTHETIST/ORTHOTISTS	4	8		62.76	7.85	.001	15.69	.01
PROSTHETICS	4	8		62.76	7.85	.001	15.69	.01
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	7	9		993.09	110.34	.001	141.87	.16
HOSPICE SERVICES	117	3,360		382,056.55	113.71	.543	3265.44	61.69
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	260	6,617		8,845.30	1.34	1.068	34.02	1.43
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	1,673	21,994	\$	303,021.71	\$ 13.78	3.551	\$ 181.12	\$ 48.93
A* TOTALS IN THESE ITNES ARE CTO	TENT AC A CEDADA	TE THEODMATTON	TTEM (	ONT V •				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

NEVADA COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,117
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

----- MONTHLY AVERAGE -----36 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE OR DAYS OF CARE 89,336.55 \$ 51.70 48.000 \$ 2350.96 \$ 2481.57 1,728 \$ 2 \$ @TOTAL, ALL PROVIDERS 38 

 89,336.55
 \$ 51.70
 48.000
 \$ 2350.96
 \$ 2481.57

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 2 @PHYSICIANS SERVICES 0 OUTPATIENT VISITS 0 0 OFFICE VISITS HOME VISITS 0 EMERGENCY ROOM 0 Ω PREVENTIVE CARE OB VISITS/COMPRE PERI

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
	0	0							
EXAMINATIONS	U	U		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	Ü	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	Ô	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0							
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	2	2		3.57	1.79	.056	1.79		.10
@PHARMACY	34	925	Ś	10,955.56		25.694 \$		Ś	304.32
PRESCRIPTION DRUGS	32	217	Y	10,471.02	48.25	6.028	327.22	Y	290.86
CME/TOE					47.23		359.84		
SNF/ICF	21 12	160		7,556.66		4.444			209.91
OUTPATIENTS	12	57		2,914.36	51.13	1.583	242.86		80.95
MEDICAL SUPPLIES	2	708		484.54	.68	19.667	242.27		13.46
@DENTIST	0	2CR	\$	50.00CR		.056CR\$	.00	\$	1.39CR
VISITS - DIAGNOSTIC	12 2 0 0	2CR		50.00CR	25.00	.056CR	.00		1.39CR
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000			.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS ENDODONTICS	0	0		.00	.00	.000	.00		.00
	0	0							
RESTORATIVE DENTISTRY	U	U		.00	.00	.000	.00		.00
PROSTHETICS	Ü	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	-	•	ec M	ONTH-OF-PAYMENT REI				D 7	AGE 9,118
			LO I	ONIII OF FAIMENT KEI	OKI FOR OAN	2004 IIIKO DE	C 2004	I F	03/14/05
MOP024	FEE-FOR-SERVICE	•							03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR MEDICAL	LY N	REEDA - BLIND					
						MON'			
36 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	'UNITS/DAYS	COST PER	C	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$ .00	.000 \$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	-	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
	0	0	ċ					ċ	
@CHIROPRACTOR	· ·	· · · · · · · · · · · · · · · · · · ·	\$	.00	\$ .00	.000 \$	.00	Ş	.00
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	0	0	\$	.00	\$ .00	.000 \$	.00	\$	.00

MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0 \$		.00	Ś	.00	.000	Ś	.00	\$	.00
NURSE ANESTHESIST	0	0 \$		.00	\$	.00		\$	.00	\$	.00
NURSE MIDWIFE	0	0 \$		.00	\$	.00	.000	\$	.00	\$	.00
	0	· · · · · · · · · · · · · · · · · · ·		.00					.00	\$	
PEDIATRIC NURSE PRACTITIONER	0	0 \$			\$	.00		\$			.00
FAMILY NURSE PRACTITIONER	0	0 \$		.00	\$	.00		\$		\$	.00
@TOTAL HOSPITAL	6	6 \$		1,773.23	\$	295.54	.167	Ş	295.54	\$	49.26
HOSP INPATIENT TOTAL	2	0		1,641.75		.00	.000		820.88		45.60
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	0		1,641.75		.00	.000		820.88		45.60
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	4	6		131.48		21.91	.167		32.87		3.65
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	4	6		131.48		21.91	.167		32.87		3.65
@COUNTY HOSPITAL TOTAL	Ô	0 \$		.00	\$	.00	.000	¢	.00	Ġ	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	Ÿ	.00	.000	Y	.00	Ÿ	.00
	0	0									
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0				.00	.000		.00		.00
ACCOMMODATIONS	U	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	U	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	U	0		.00		.00	.000		.00		.00
ANCILLARIES	O	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-	-OF-PAYMENT RE	POR!	r for jan 2	2004 THRU I	DEC	2004	PAG	E 9,119
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
NEVADA COUNTY		ICES FOR MEDICALLY	NEEDY	- BLIND							
							MC	NTH	LY AVERA	GE	
36 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVI	ERAGE COST					ST PER
		OR DAYS OF CARE					PER ELIG		USER	EL	IGIBLE
@COMMUNITY HOSPITAL TOTAL	6	6 \$		1,773.23	\$			\$	295.54		49.26
COMM HOSP INPATIENT TOTAL	2	0		1,641.75	,	.00	.000		820.88		45.60
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
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ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	0	1,641.75	.00	.000	820.88	45.60
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	6	131.48	21.91	.167	32.87	3.65
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	4	6	131.48	21.91	.167	32.87	3.65
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	27	796	\$ 73,937.20	\$ 92.89	22.111	\$ 2738.41	\$ 2053.81
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	27	796	73,937.20	92.89	22.111	2738.41	2053.81
@INTERMEDIATE CARE FACILDD	1	1	\$ •	\$ 2716.99	.028	\$ 2716.99	\$ 75.47
ICF DDH	1	1	163.45	163.45	.028	163.45	4.54
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	2,553.54	.00	.000	.00	70.93
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$	.00	\$ .00	.000 \$		\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 9,120
MOP024	FEE-FOR-SERVIC						03/14/05
NEVADA COUNTY		VICES FOR MEDICALLY N	EEDY - BLIND				, , , , , , , , , , , , , , , , , , , ,
					MON	THLY AVERAG	GE
36 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
	•	•	0.0	0.0	0.00	0.0	0.0

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RESPIRATORY CARE PRACT.

@CALIF. CHILDREN SERVICES\*

ALL OTHER PROVIDERS

PED SUBACUTE REHAB/WEANING

@XOVER EXCLUDING STATE HOSP\*\*

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,121 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

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4,395.43 \$ 549.43

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313.96 \$ 122.10

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NEVADA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

14

							MO	NTHLY AVERA	GE	
3,386 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	3 <b>,</b> 392	77 <b>,</b> 908	\$	3,981,062.31	\$	51.10	23.009	\$ 1173.66	\$	1175.74
@PHYSICIANS SERVICES	904	3,857	\$	152,912.04	\$	39.65	1.139	\$ 169.15	\$	45.16

OUTPATIENT VISITS	360	626		22,619.47		36.13	.185		62.83		6.68
OFFICE VISITS	275	474		12,947.74		27.32	.140		47.08		3.82
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	91	132		9,144.68		69.28	.039		100.49		2.70
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	19	20		527.05		26.35	.006		27.74		.16
INPATIENT VISITS	95	433		23,809.65		54.99	.128		250.63		7.03
HOSPITAL VISITS	74	334		14,905.36		44.63	.099		201.42		4.40
CRITICAL CARE	9	66		7,962.90		120.65	.019		884.77		2.35
SNF/ICF/TRANS IP CARE	19	33		941.39		28.53	.010		49.55		.28
OPHTHALMOLOGICAL SERVICES	13	13		581.18		44.71	.004		44.71		.17
EXAMINATIONS	13	13		581.18		44.71	.004		44.71		.17
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	42	487		22 <b>,</b> 883.12		46.99	.144		544.84		6.76
	30	53		17,717.68		334.30	.016		590.59		5.23
PRINCIPAL SURGEON	4			•							
ASSISTANT SURGEON	=	5		681.57		136.31	.001		170.39		.20
ANESTHESIOLOGIST	14	429		4,483.87		10.45	.127		320.28		1.32
OUTPATIENT SURGERY	60	213		12,966.43		60.88	.063		216.11		3.83
PRINCIPAL SURGEON	54	65		11,469.19		176.45	.019		212.39		3.39
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	9	148		1,497.24		10.12	.044		166.36		. 44
DIALYSIS	11	57		2,672.32		46.88	.017		242.94		.79
PATHOLOGY	73	210		3,231.69		15.39	.062		44.27		.95
RADIOLOGY	188	530		18,374.10		34.67	.157		97.73		5.43
PSYCHIATRY	1	1		73.29		73.29	.000		73.29		.02
IMMUNIZATION AND INJECTION	17	121		16,718.64		138.17	.036		983.45		4.94
OTHER SERVICES/ALL X-OVERS	460	1,166		28,982.15		24.86	.344		63.00		8.56
@PHARMACY	2,483	28 <b>,</b> 869	\$	1,871,889.88	\$	64.84	8.526	\$	753.88	\$	552.83
PRESCRIPTION DRUGS	2,440	11,783		1,853,912.52		157.34	3.480		759.80		547.52
SNF/ICF	219	1,816		133,870.31		73.72	.536		611.28		39.54
OUTPATIENTS	2,227	9,967		1,720,042.21		172.57	2.944		772.36		507.99
MEDICAL SUPPLIES	191	17,086		17,977.36	)	1.05	5.046		94.12		5.31
@DENTIST	170	638	\$	29,372.24	\$	46.04	.188	\$	172.78	\$	8.67
VISITS - DIAGNOSTIC	103	312		5,258.50		16.85	.092		51.05		1.55
ORAL SURGERY	34	97		5,295.50		54.59	.029		155.75		1.56
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	7	7		708.00		101.14	.002		101.14		.21
ENDODONTICS	8	9		1,845.00		205.00	.003		230.63		.54
RESTORATIVE DENTISTRY	65	165		10,299.24		62.42	.049		158.45		3.04
PROSTHETICS	3	3		90.00		30.00	.001		30.00		.03
DENTURES, STAYPLATES	12	44		5,876.00		133.55	.013		489.67		1.74
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES ALL OTHER SERVICES	2	1		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			E.C							Т	AGE 9,122
MOP024	FEE-FOR-SERVICE		LO	MONIH-OF-FAIMENI	KEFUKI	FOR JAN 2	2004 11110	DEC	2004	Г	03/14/05
			T V	NEEDY DICABLED							03/14/03
NEVADA COUNTY	SUMMARI OF SERV	ICES FOR MEDICAL	ΤΙ	NEEDI - DISABLED			7.4		III V 777777	CE	
2 206 ELICIDIES	HCEDC	INTER OF CEDITOR		EADENDIEGO	7, 7, 7, 7	DACE COOM	M				
3,386 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST					COST PER
AODHOMEHD I CH	1.0	OR DAYS OF CARE		2 720 00		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	46	134	Þ	2,730.88			.040	ş	59.37	Þ	.81
DIAGNOSTIC AND ANC. PROCED	19	19		869.48		45.76	.006		45.76		.26

EYE APPLIANCES	37	106		1,639.32		15.47	.031			.48
OTHER OPTOMETRIC SERVICES	6	9		222.08		24.68	.003			.07
@CHIROPRACTOR	15	26	5	404.97	7 \$	15.58	.008		\$	.12
VISITS	13	22		342.76	5	15.58	.006	26.37		.10
OTHER SERVICES	2	4		62.21	L	15.55	.001	31.11		.02
@PODIATRIST	26	32	;	655.23	3 \$	20.48	.009	\$ 25.20	\$	.19
MEDICINE/INJECTIONS	13	15		426.40	)	28.43	.004			.13
SURGERY/ANES.	0	0		.00		.00	.000			.00
RADIO./PATHOLOGY	2	2		48.44		24.22	.001			.01
OTHER	13	15		180.39		12.03	.004			.05
@HOME HEALTH AGENCY	14	114	:	6,278.75		55.08	.034		Ċ	1.85
NURSE ANESTHESIST	1	24		65.11		2.71	.007			.02
	0	0 5								
NURSE MIDWIFE	•			.00		.00	.000		\$	.00
PEDIATRIC NURSE PRACTITIONER		0 \$		.00		.00	.000			.00
FAMILY NURSE PRACTITIONER	4	5 \$		84.20		16.84	.001			.02
@TOTAL HOSPITAL		4,399	3	867,778.04		197.27		\$ 1272.40	Ş	256.28
HOSP INPATIENT TOTAL	101	501		726,557.64		1450.21	.148	7193.64		214.58
HSC HOSPITALS	27	272		346,951.00	)	1275.56	.080			102.47
NON-HSC HOSPITAL TOTAL	48	229		353,160.99	9	1542.19	.068	7357.52		104.30
ACCOMMODATIONS	48	229		168,766.38	3	736.97	.068	3515.97		49.84
ADMINISTRATIVE DAYS	1	5		4,028.74	1	805.75	.001	4028.74		1.19
TRANSITIONAL IP CARE	0	0		.00	)	.00	.000	.00		.00
ALL OTHER ACCOM	47	224		164,737.64		735.44	.066			48.65
ANCILLARIES	48	0		184,394.61		.00	.000			54.46
INPATIENT CROSSOVERS	30	0		26,445.65		.00	.000			7.81
ALL OTHER INPATIENT	0	0		.00		.00	.000			.00
HOSP OUTPATIENT TOTAL	613	3,898		141,220.40		36.23	1.151			41.71
	85									
MEDICAL		174		9,224.82		53.02	.051			2.72
SURGERY	40	45		1,995.81		44.35	.013			.59
PATHOLOGY	254	1,313		13,798.28		10.51	.388			4.08
RADIOLOGY	141	311		27,256.16		87.64	.092			8.05
ROOM USE	165	292		12,905.40		44.20	.086			3.81
CROSSOVERS/ALL OTH OUTPTNT		1,763		76,039.93		43.13	.521			22.46
@COUNTY HOSPITAL TOTAL	8	123	5	156,873.81	\$	1275.40	.036	\$ 19609.23	\$	46.33
CO HOSPITAL INPATIENT TOTAL	4	116		156,323.94		1347.62	.034	39080.99		46.17
HSC HOSPITALS	4	115		155,480.00	)	1352.00	.034	38870.00		45.92
NON-HSC HOSPITALS TOTAL	1	1		843.94		843.94	.000	843.94		.25
ACCOMMODATIONS	1	1		231.30	)	231.30	.000	231.30		.07
ADMINISTRATIVE DAYS	0	0		.00	)	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	Ō		.00		.00	.000			.00
ALL OTHER ACCOM	1	1		231.30		231.30	.000			.07
ANCILLARIES	1	0		612.64		.00	.000			.18
INPATIENT CROSSOVERS	0	0		.00		.00	.000			.00
	0	0								.00
ALL OTHER INPATIENT	U	7		.00		.00	.000			
CO HOSP OUTPATIENT TOTAL	4	1		549.87		78.55	.002			.16
MEDICAL	1	1		46.54		46.54	.000			.01
SURGERY	1	2		125.40		62.70	.001	125.40		.04
PATHOLOGY	0	0		.00		.00	.000			.00
RADIOLOGY	2	2		305.36		152.68				.09
ROOM USE	2	2		72.57		36.29	.001	36.29		.02
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	)	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-	-OF-PAYMENT	REPOR	RT FOR JAN	2004 THRU	DEC 2004	P.F	AGE 9,123
MOP024	FEE-FOR-SERVICE/DENTAL									03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR	MEDICALLY	NEEDY	- DISABLED						. ,
			_					MONTHIV ATTEDA	CF -	

3,386 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			DEI	R UNIT/DAY	DED ETTC		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	674	4,276	\$	710,904.23		166.25			1054.75		209.95
COMM HOSP INPATIENT TOTAL	97	385	۲	570,233.70		1481.13	.114	۲	5878.70	Υ	168.41
HSC HOSPITALS	23	157		191,471.00		1219.56	.046		8324.83		56.55
NON-HSC HOSPITALS TOTAL	47	228		352,317.05		1545.25	.067		7496.11		104.05
ACCOMMODATIONS	47	228		168,535.08		739.19	.067		3585.85		49.77
	1	5		4,028.74		805.75	.001		4028.74		1.19
ADMINISTRATIVE DAYS	0	0		4,020.74		.00	.000		.00		.00
TRANSITIONAL IP CARE	46	223									
ALL OTHER ACCOM	46 47			164,506.34		737.70	.066		3576.22		48.58
ANCILLARIES		0		183,781.97		.00	.000		3910.25		54.28
INPATIENT CROSSOVERS	30	•		26,445.65		.00	.000		881.52		7.81
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	609	3,891		140,670.53		36.15	1.149		230.99		41.54
MEDICAL	84	173		9,178.28		53.05	.051		109.27		2.71
SURGERY	39	43		1,870.41		43.50	.013		47.96		.55
PATHOLOGY	254	1,313		13,798.28		10.51	.388		54.32		4.08
RADIOLOGY	139	309		26,950.80		87.22	.091		193.89		7.96
ROOM USE	163	290		12,832.83		44.25	.086		78.73		3.79
CROSSOVERS/ALL OTH OUTPTNT		1,763		76,039.93		43.13	.521		220.41		22.46
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	183	6,015	\$	705,892.00	\$	117.36	1.776	\$	3857.33	\$	208.47
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	183	6 <b>,</b> 015		705,892.00			1.776		3857.33		208.47
@INTERMEDIATE CARE FACILDD	12	366	\$	69,408.33	\$	189.64	.108	\$	5784.03	\$	20.50
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	12	366		69,408.33		189.64	.108		5784.03		20.50
@HEMODIALYSIS TOTAL	41	963	\$	47,558.13	\$	49.39	.284	\$	1159.95	\$	14.05
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	41	963		47,558.13		49.39	.284		1159.95		14.05
GREHABILITATION FACILITY HOSPITAL BASED	8	86	\$	1,437.80	\$	16.72	.025	\$	179.73	\$	.42
HOSPITAL BASED	2	4		133.03		33.26	.001		66.52		.04
INDEPENDENT FACILITY	6	82		1,304.77		15.91	.024		217.46		.39
@LABORATORY FACILITY	47	183	\$	2,385.05	\$	13.03	.054	\$	50.75	\$	.70
PATHOLOGY	42	167		2,243.04		13.43	.049		53.41		.66
XO AND OTHERS	5	16		142.01		8.88	.005		28.40		.04
@ORGANIZED OUTPATIENT CLINIC	314	573	\$	54,561.74	\$	95.22	.169	\$	173.76	\$	16.11
CLINIC	46	75		2,473.46		32.98	.022		53.77		.73
SURGICENTER	7	30		999.31		33.31	.009		142.76		.30
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	262	468		51,088.97		109.16	.138		195.00		15.09
#CALIF DEPT OF HEALTH SERV				MONTH-OF-PAYMENT RE							AGE 9,124
MOP024	FEE-FOR-SERVICE										03/14/05
NEVADA COUNTY	SUMMARY OF SERV	VICES FOR MEDICAL	LY 1	NEEDY - DISABLED							
							M	ONT	HLY AVERA	.GE	
3,386 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI						COST PER
·		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	404			167,647.92		5.30			414.97		
DURABLE MED. EQUIP.	18	100	-			128.56		•	714.20	•	3.80
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	Ō	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	61	2,362	14,877.02	6.30	.698	243.89	4.39
AMBULANCES/AIR TRANS	50	872	8,782.94	10.07	.258	175.66	2.59
OTHER TRANS	8	1,478	4,288.66	2.90	.437	536.08	1.27
OTHER SERVICES	4	12	1,805.42	150.45	.004	451.36	.53
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	5	134	9,323.72	69.58	.040	1864.74	2.75
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	51	1,422	62,312.28	43.82	.420	1221.81	18.40
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	57	130	1,515.60	11.66	.038	26.59	.45
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	4	86.04	21.51	.001	43.02	.03
PROSTHETIST/ORTHOTISTS	9	32	3,566.89	111.47	.009	396.32	1.05
PROSTHETICS	9	32	3,566.89	111.47	.009	396.32	1.05
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	20	51	3,247.14	63.67	.015	162.36	.96
HOSPICE SERVICES	5	74	8,725.79	117.92	.022	1745.16	2.58
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	73	19 <b>,</b> 176	40,056.27	2.09	5.663	548.72	11.83
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	129	8,139	11,081.66	1.36	2.404	85.90	3.27
@CALIF. CHILDREN SERVICES*	18	141	\$ 8,438.34	\$ 59.85	.042	\$ 468.80	\$ 2.49
@XOVER EXCLUDING STATE HOSP**	640	7,993	\$ 105,882.36	\$ 13.25	2.361	\$ 165.44	\$ 31.27

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,125 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

FEE-FOR-SERVICE/DENTAL

MOP024

NEVADA COUNTY	SUMMARY OF SER	VICES FOR MEDICALLY N	EEDY - FAMILIES				_
05 550 555555					MON		
35,773 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
	17,448	OR DAYS OF CARE	E 001 001 CE	PER UNIT/DAY		USER	ELIGIBLE
		98,395 \$ 21,384 \$	5,821,991.65 808,780.03	\$ 59.17 \$ 37.82	2.751 \$ .598 \$		\$ 162.75 \$ 22.61
@PHYSICIANS SERVICES	7,327	,					
OUTPATIENT VISITS	5,476	7,673	289,549.43	37.74	.214	52.88	8.09
OFFICE VISITS	3,684	4,955	150,639.54	30.40	.139	40.89	4.21
HOME VISITS	2	2	164.55 121,056.98	82.28	.000	82.28	.00
EMERGENCY ROOM	1,954	2,421	121,056.98	50.00	.068	61.95	3.38
PREVENTIVE CARE	2 116	2	92.22	46.11	.000	46.11	.00
OB VISITS/COMPRE PERI	116	187	14,361.63	76.80	.005	123.81	.40
OTHER OUTPATIENT	99 328 314	106	3,234.51	30.51	.003	32.67	.09
INPATIENT VISITS	328	1,162	70,798.26	60.93 45.80	.032	215.85	1.98
HOSPITAL VISITS	314	938	42,960.35	45.80	.026	136.82	1.20
CRITICAL CARE	33	224	27 <b>,</b> 837.91	124.28	.006	843.57	.78
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	89	109	4,605.37	42.25	.003	51.75	.13
EXAMINATIONS	88	108	4,570.08	42.32	.003	51.93	.13
SERVICES AND MATERIALS	1	1	25 20	42.32 35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	88 1 349 235	2,178	176,237.42 143,657.69	80.92	.061	504.98	4.93
PRINCIPAL SURGEON	235	289	143,657.68	497.09	.008	611.31	4.02
ASSISTANT SURGEON	33	33	5,746.01	174.12	.001	174.12	.16
ANESTHESTOLOGIST	132	1,856	26,833.73	14.46	.052	203.29	.75
OUTPATIENT SURGERY	698	2,471	97,801.39	39.58	.069	140.12	2.73
PRINCIPAL SURGEON	629	792	82,943.62		.022	131.87	2.32
ASSISTANT SURGEON	3	3	251.93		.000	83.98	.01
ANESTHESIOLOGIST	111	1,676	14,605.84	8.71	.047	131.58	.41
DIALYSIS	2	14	218.71	15.62	.000	109.36	.01
PATHOLOGY	689	1,244	21,070.70	16.94	.035	30.58	.59
PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY	1 603	2,567	79,719.12	31.06	.072	49.73	2.23
PSYCHIATRY	8	8	586.32	73.29	.000	73.29	.02
		418	18,283.96	43.74	.012	90.51	.51
OTHER SERVICES/ALL Y-OVERS	202 845	3,540	49,909.35	14.10	.099	59.06	1.40
@PHARMACY	7 737	30,408 \$	1,220,445.74		.850 \$		
IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS  @PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES  @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS	7,737	17,936	1,220,443.74	66.99	.501	156.65	33.59
CME/ICE	7,070	17,950 4	73.23	18.31	.000	36.62	.00
OUTDATTENTS	7 660	17,932	1,201,414.84	67.00	.501	156.68	33.58
MEDICAL CUDDITES	1,000	12,472	18,957.67	1.52	.349	100.31	.53
@DENTIST	1 270	6,041 \$	205,266.20		.169 \$		
MICIEC DIACNOCETO	1,370	3,727	63,347.20	17.00	.104	65.58	1.77
VISIIS - DIAGNOSIIC	100	482	28,783.00	59.72	.104	152.29	.80
DRICC	189	482 68				25.26	
DRUGS	37	4	1,440.00	21.18	.002		.04
ANESTHESIA			300.00	75.00	.000	150.00	.01
PERIODONTICS	10	16	670.00	41.88	.000	67.00	.02
		186	25,367.00	136.38	.005	256.23	.71
RESTORATIVE DENTISTRY	500	1,315	69,677.60	52.99	.037	139.36	1.95
PROSTHETICS	2	2	60.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	34	110	11,248.40	102.26	.003	330.84	.31
SPACE MAINTAINERS	14	19	1,720.00	90.53	.001	122.86	.05
MAXILLOFACIAL SERVICES	1	1	48.00	48.00	.000	48.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	39	40	2,080.00	52.00	.001	53.33	.06
ALL OTHER SERVICES	52	71	525.00	7.39	.002	10.10	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 9,126

03/14/05

NEVADA COUNTY	SUMMARY OF SER	VICES FOR MEDICAI	LLY NE	EEDY - FAMILIES			7.47	NTIT!		CE	
35,773 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITURES	7. 7.7	ERAGE COST	MO			.GĽ	COST PER
33,773 ELIGIBLES	CALCO	OR DAYS OF CARE		EXPENDITORES		R UNIT/DAY		)	USER		ELIGIBLE
@OPTOMETRIST	371	1,089	\$	24,595.74	\$	22.59	.030	Ś	66.30	Ś	.69
DIAGNOSTIC AND ANC. PROCED	283	294	٧	12,662.52	٧	43.07	.008	٣	44.74	~	.35
EYE APPLIANCES	276	781		11,695.72		14.98	.022		42.38		.33
OTHER OPTOMETRIC SERVICES	10	14		237.50		16.96	.000		23.75		.01
@CHIROPRACTOR	210	320	\$		\$		.009	Ś	24.92	Ś	.15
VISITS	210	320	7	5,233.36	7	16.35	.009	7	24.92	- T	.15
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	38	53	\$		\$		.001	Ś	55.90	Ś	.06
MEDICINE/INJECTIONS	35	39	·	1,269.87		32.56	.001		36.28		.04
SURGERY/ANES.	6	6		464.37		77.40	.000		77.40		.01
RADIO./PATHOLOGY	4	5		84.34		16.87	.000		21.09		.00
OTHER	3	3		305.71		101.90	.000		101.90		.01
@HOME HEALTH AGENCY	19	62	\$	3,958.49	\$	63.85	.002	\$	208.34	\$	.11
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	29	118	\$	10,798.07	\$	91.51	.003	\$	372.35	\$	.30
PEDIATRIC NURSE PRACTITIONER	1	1	\$	57.20	\$	57.20	.000	\$	57.20	\$	.00
FAMILY NURSE PRACTITIONER	108	126	\$	3,223.82	\$	25.59	.004	\$	29.85	\$	.09
@TOTAL HOSPITAL	4,564	21 <b>,</b> 928	\$	2,949,229.19	\$	134.50	.613	\$	646.19	\$	82.44
HOSP INPATIENT TOTAL	343	1,506		2,334,676.60		1550.25	.042		6806.64		65.26
HSC HOSPITALS	62	503		707,561.07		1406.68	.014		11412.28		19.78
NON-HSC HOSPITAL TOTAL	283	1,003		1,622,302.62		1617.45	.028		5732.52		45.35
ACCOMMODATIONS	283	1,003		414,744.79		413.50	.028		1465.53		11.59
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	283	1,003		414,744.79		413.50	.028		1465.53		11.59
ANCILLARIES	283	0		1,207,557.83		.00	.000		4266.99		33.76
INPATIENT CROSSOVERS	6	0		4,812.91		.00	.000		802.15		.13
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	4,411	20,422		614,552.59		30.09	.571		139.32		17.18
MEDICAL	779	1,048		44,398.75		42.37	.029		56.99		1.24
SURGERY	461	546		14,737.79		26.99	.015		31.97		.41
PATHOLOGY	1,806	6,496		85,986.60		13.24	.182		47.61		2.40
RADIOLOGY	1,326	1,889		137,665.46		72.88	.053		103.82		3.85
ROOM USE	2,870	4,023		151,137.08		37.57	.112		52.66		4.22
CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL	1,911 13	6,420 76	Ċ	180,626.91	\$	28.14	.179	Ċ	94.52	<u>_</u>	5.05
		76	\$	2,325.88 .00	Þ	30.60 .00	.002	Þ	178.91 .00	Þ	.07
CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	13	76		2,325.88		30.60	.002		178.91		.07
MEDICAL	4	4		188.67		47.17	.000		47.17		.01
SURGERY	5	9		242.43		26.94	.000		48.49		.01
PATHOLOGY	5	22		564.27		25.65	.001		112.85		.02
RADIOLOGY	2	5		122.40		24.48	.000		61.20		.00
ROOM USE	9	18		999.42		55.52	.001		111.05		.03

CROSSOVERS/ALL OTH OUTPTNT 9 18 208.69 11.59 .001 23.19 .01 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,127 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

NEVADA COUNTY	SUMMARY OF SERVIO	CES FOR MEDICALLY	NEEDY - FAMILIES						~-	
25 772 BLIGTDING	HOPPO	TRITTED OF CERTIFICE		3170030	T			HLY AVERA		
35,773 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DA		COST PER		COST PER
	4 554	OR DAYS OF CARE	2 046 002 21		IIT/DAY		-	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,554	21,852 \$	2,946,903.31		34.86		L \$	647.10	Ş	82.38
COMM HOSP INPATIENT TOTAL	343	1,506	2,334,676.60		0.25	.042		6806.64		65.26
HSC HOSPITALS	62	503	707,561.07		06.68	.01		11412.28		19.78
NON-HSC HOSPITALS TOTAL	283	1,003	1,622,302.62		7.45	.028		5732.52		45.35
ACCOMMODATIONS	283	1,003	414,744.79		.3.50	.028		1465.53		11.59
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	283	1,003	414,744.79		.3.50	.028		1465.53		11.59
ANCILLARIES	283	0	1,207,557.83		.00	.000		4266.99		33.76
INPATIENT CROSSOVERS	6	0	4,812.91		.00	.000		802.15		.13
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	4,401	20,346	612,226.71		30.09	.56		139.11		17.11
MEDICAL	775	1,044	44,210.08		12.35	.02		57.05		1.24
SURGERY	456	537	14,495.36		26.99	.01		31.79		.41
PATHOLOGY	1,801	6,474	85,422.33		.3.19	.183		47.43		2.39
RADIOLOGY	1,324	1,884	137,543.06		3.01	.053		103.88		3.84
ROOM USE	2,862	4,005	150,137.66		37.49	.112		52.46		4.20
CROSSOVERS/ALL OTH OUTPTNT	1,904	6,402	180,418.22		28.18	.17		94.76		5.04
@STATE HOSPITAL	0	0 \$	.00		.00	.000		.00	\$	.00
MENTALLY ILL	0	0	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	.00		.00	.000		.00		.00
@NURSING FACILITY	0	0 \$	88.88		.00	.000		.00	\$	.00
LEV A-INTERMEDIATE	0	0	.00		.00	.00		.00		.00
LEV B-REHAB MD	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
LEV B-REGULAR	0	0	88.88		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$	.00		.00	.000		.00	\$	.00
ICF DDH	0	0	.00		.00	.000	)	.00		.00
ICF DD	0	0	.00	)	.00	.000	)	.00		.00
ICF DDN/DDCN	0	0	.00	)	.00	.000	)	.00		.00
@HEMODIALYSIS TOTAL	7	27 \$	5,897.17	7 \$ 21	.8.41	.00	L \$		\$	.16
HOSPITAL BASED	0	0	.00	)	.00	.000	)	.00		.00
HEMODIALYSIS CENTER	7	27	5 <b>,</b> 897.17	7 21	8.41	.00	L	842.45		.16
@REHABILITATION FACILITY	15	71 \$	4,541.55	5 \$ 6	3.97	.002	2 \$	302.77	\$	.13
HOSPITAL BASED	15	71	4,541.55	5 6	3.97	.002	2	302.77		.13
INDEPENDENT FACILITY	0	0	.00	)	.00	.000	)	.00		.00
@LABORATORY FACILITY	725	1,672 \$	28,780.68		7.21	.04	7 \$	39.70	\$	.80
PATHOLOGY	724	1,671	28,769.28	3 1	7.22	.04	7	39.74		.80
XO AND OTHERS	1	1	11.40	) 1	1.40	.000	)	11.40		.00
@ORGANIZED OUTPATIENT CLINIC	2,601	4,186 \$	421,161.82	2 \$ 10	0.61	.11	7 \$	161.92	\$	11.77
CLINIC	988	1,663	52,258.95	5 3	31.42	.04	5	52.89		1.46
SURGICENTER	11	61	2,126.84	1 3	34.87	.002	2	193.35		.06
HEROIN DETOX CLINIC	1	7	102.20		4.60	.000	)	102.20		.00
RURAL HEALTH CLINIC	1,628	2,455	366,673.83		19.36	.06	9	225.23		10.25
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES							Р	AGE 9,128
MOP024	FEE-FOR-SERVICE/									03/14/05
NEVADA COUNTY		CES FOR MEDICALLY	NEEDY - FAMILIES							

35,773 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	_	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,561	10,909	\$	127,809.42	\$ 11.72	.305	\$ 81.88	\$ 3.57
DURABLE MED. EQUIP.	55	552		12,586.14	22.80	.015	228.84	.35
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	3		1,419.78	473.26	.000	473.26	.04
MEDICAL TRANSPORTATION	173	1,898		36,246.89	19.10	.053	209.52	1.01
AMBULANCES/AIR TRANS	170	1,880		25,400.65	13.51	.053	149.42	.71
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	12	18		10,846.24	602.57	.001	903.85	.30
ACUPUNCTURE	1	1		27.03	27.03	.000	27.03	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	59	60		6,300.00	105.00	.002	106.78	.18
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	302	650		5,863.31	9.02	.018	19.41	.16
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	39	46		3,991.35	86.77	.001	102.34	.11
PROSTHETICS	39	46		3,991.35	86.77	.001	102.34	.11
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	16	37		3,590.27	97.03	.001	224.39	.10
HOSPICE SERVICES	1	13		1,583.79	121.83	.000	1583.79	.04
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	889	7,299		54,534.84	7.47	.204	61.34	1.52
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	44	350		1,666.02	4.76	.010	37.86	.05
@CALIF. CHILDREN SERVICES*	168	2,763	\$	442,685.48	\$ 160.22	.077	\$ 2635.03	\$ 12.37
@XOVER EXCLUDING STATE HOSP**	124	1,267	\$	•	\$ 10.89	.035	\$ 111.31	\$ .39

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,129
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

DOMINICI OF DELC	VICED FOR HEDICA	TTT 111					
					MO	NTHLY AVERA	GE
USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
26 <b>,</b> 897	326 <b>,</b> 600	\$	20,739,139.39	\$ 63.50	7.196	\$ 771.06	\$ 456.93
8 <b>,</b> 923	27 <b>,</b> 657	\$	993,503.39	\$ 35.92	.609	\$ 111.34	\$ 21.89
5,851	8,322		313,091.68	37.62	.183	53.51	6.90
3 <b>,</b> 968	5,446		164,087.84	30.13	.120	41.35	3.62
2	2		164.55	82.28	.000	82.28	.00
2,050	2 <b>,</b> 558		130,604.68	51.06	.056	63.71	2.88
2	2		92.22	46.11	.000	46.11	.00
116	187		14,361.63	76.80	.004	123.81	.32
119	127		3,780.76	29.77	.003	31.77	.08
436	1,624		95 <b>,</b> 505.61	58.81	.036	219.05	2.10
392	1,283		58,302.06	45.44	.028	148.73	1.28
43	292		35,800.81	122.61	.006	832.58	.79
28	49		1,402.74	28.63	.001	50.10	.03
107	130		5,585.58	42.97	.003	52.20	.12
	USERS  26,897 8,923 5,851 3,968 2 2,050 2 116 119 436 392 43 28	USERS UNITS OF SERVIC OR DAYS OF CAR 26,897 326,600 8,923 27,657 5,851 8,322 3,968 5,446 2 2 2,050 2,558 2 2 116 187 119 127 436 1,624 392 1,283 43 292 28 49	USERS UNITS OF SERVICE OR DAYS OF CARE  26,897 326,600 \$ 8,923 27,657 \$ 5,851 8,322 3,968 5,446 2 2 2,050 2,558 2 2 116 187 119 127 436 1,624 392 1,283 43 292 28 49	USERS UNITS OF SERVICE OR DAYS OF CARE  26,897 326,600 \$ 20,739,139.39 8,923 27,657 \$ 993,503.39 5,851 8,322 313,091.68 3,968 5,446 164,087.84 2 2 164.55 2,050 2,558 130,604.68 2 2 92.22 116 187 14,361.63 119 127 3,780.76 436 1,624 95,505.61 392 1,283 58,302.06 43 292 35,800.81 28 49 1,402.74	USERS UNITS OF SERVICE OR DAYS OF CARE  OR DAYS OF CARE  26,897 326,600 \$ 20,739,139.39 \$ 63.50 8,923 27,657 \$ 993,503.39 \$ 35.92 5,851 8,322 313,091.68 37.62 3,968 5,446 164,087.84 30.13 2 2 164.55 82.28 2,050 2,558 130,604.68 51.06 2 2 92.22 46.11 116 187 14,361.63 76.80 119 127 3,780.76 29.77 436 1,624 95,505.61 58.81 392 1,283 58,302.06 45.44 43 292 35,800.81 122.61 28 49 1,402.74 28.63	USERS UNITS OF SERVICE OR DAYS OF CARE  OR DAYS OF CARE  26,897 326,600 \$ 20,739,139.39 \$ 63.50 7.196 8,923 27,657 \$ 993,503.39 \$ 35.92 .609 5,851 8,322 313,091.68 37.62 .183 3,968 5,446 164,087.84 30.13 .120 2 2 164.55 82.28 .000 2,050 2,558 130,604.68 51.06 .056 2 2 2 46.11 .000 116 187 14,361.63 76.80 .004 119 127 3,780.76 29.77 .003 436 1,624 95,505.61 58.81 .036 392 1,283 58,302.06 45.44 .028 43 292 35,800.81 122.61 .006 28 49 1,402.74 28.63 .001	USERS UNITS OF SERVICE OR DAYS OF CARE  26,897 326,600 \$ 20,739,139.39 \$ 63.50 7.196 \$ 771.06 8,923 27,657 \$ 993,503.39 \$ 35.92 .609 \$ 111.34 5,851 8,322 313,091.68 37.62 .183 53.51 3,968 5,446 164,087.84 30.13 .120 41.35 2 2 164.55 82.28 .000 82.28 2,050 2,558 130,604.68 51.06 .056 63.71 2 2 92.22 46.11 .000 46.11 116 187 14,361.63 76.80 .004 123.81 119 127 3,780.76 29.77 .003 31.77 436 1,624 95,505.61 58.81 .036 219.05 392 1,283 58,302.06 45.44 .028 148.73 43 292 35,800.81 122.61 .006 832.58 28 49 1,402.74 28.63 .001 50.10

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	106	129	5,550.29	43.03	.003	52.36	.12
SERVICES AND MATERIALS	1	1	35.29	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	397	2 <b>,</b> 679	200,110.62	74.70	.059	504.06	4.41
PRINCIPAL SURGEON	269	348	161,816.91	464.99	.008	601.55	3.57
ASSISTANT SURGEON	38	39	6,802.11	174.41	.001	179.00	.15
ANESTHESIOLOGIST	147	2,292	31,491.60	13.74	.050	214.23	.69
OUTPATIENT SURGERY	765	2,709	113,187.49	41.78	.060	147.96	2.49
PRINCIPAL SURGEON	688	862	96,408.55	111.84	.019	140.13	2.12
ASSISTANT SURGEON	3	3	251.93	83.98	.000	83.98	.01
ANESTHESIOLOGIST	123	1,844	16,527.01	8.96	.041	134.37	.36
DIALYSIS	13	71	2,891.03	40.72	.002	222.39	.06
PATHOLOGY	764	1,456	24,318.55	16.70	.032	31.83	.54
RADIOLOGY	1,802	3,116	98,443.34	31.59	.069	54.63	2.17
PSYCHIATRY	9	9	659.61	73.29	.000	73.29	.01
IMMUNIZATION AND INJECTION	221	541	35,015.80	64.72	.012	158.44	.77
OTHER SERVICES/ALL X-OVERS	1,961	7,000	104,694.08	14.96	.154	53.39	2.31
@PHARMACY	15,041	110,053	\$ 4,742,810.24	\$ 43.10	2.425	\$ 315.33	\$ 104.49
PRESCRIPTION DRUGS	14,906	59 <b>,</b> 358	4,683,998.23	78.91	1.308	314.24	103.20
SNF/ICF	2,782	20,833	1,132,291.89	54.35	.459	407.01	24.95
OUTPATIENTS	12,192	38 <b>,</b> 525	3,551,706.34	92.19	.849	291.31	78.25
MEDICAL SUPPLIES	595	50 <b>,</b> 695	58,812.01	1.16	1.117	98.84	1.30
@DENTIST	1,750	7,221	\$ 261,910.19	\$ 36.27	.159	\$ 149.66	\$ 5.77
VISITS - DIAGNOSTIC	1,228	4,334	74,755.70	17.25	.095	60.88	1.65
ORAL SURGERY	255	660	37,783.25	57.25	.015	148.17	.83
DRUGS	57	68	1,440.00	21.18	.001	25.26	.03
ANESTHESIA	2	4	300.00	75.00	.000	150.00	.01
PERIODONTICS	18	24	1,433.00	59.71	.001	79.61	.03
ENDODONTICS	110	198	27,972.00	141.27	.004	254.29	.62
RESTORATIVE DENTISTRY	603	1,560	84,989.84	54.48	.034	140.95	1.87
PROSTHETICS	5	5	150.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	76	223	28,713.40	128.76	.005	377.81	.63
SPACE MAINTAINERS	14	19	1,720.00	90.53	.000	122.86	.04

MAXILLOFACIAL SERVICES	1	1	48.00	48.00	.000	48.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	39	40	2,080.00	52.00	.001	53.33	.05
ALL OTHER SERVICES	61	85	525.00	6.18	.002	8.61	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REP	PORT FOR JAN 2	2004 THRU DEC	2004	PAGE 9,130
MOP024	FEE-FOR-SERVICE/DE	NTAL					03/14/05
NEVADA COUNTY	SUMMARY OF SERVICE	S FOR MEDICALLY	NEEDY - TOTAL				

NEVADA COUNTY	SUMMARY OF SER	VICES FOR MEDICA	LLY N	EEDY - TOTAL							
45 000			_				MO			GE.	
45,388 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES							COST PER
		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	466	1,371	\$	30,065.53	\$		.030	Ş	64.52	Ş	.66
DIAGNOSTIC AND ANC. PROCED	313	326		13,936.60		42.75	.007		44.53		.31
EYE APPLIANCES	354	1,015		15,544.21		15.31	.022		43.91		.34
OTHER OPTOMETRIC SERVICES	21	30		584.72		19.49	.001		27.84		.01
@CHIROPRACTOR	227	350	\$	5,705.21	\$	16.30	.008	\$	25.13	\$	.13
VISITS	223	342		5,576.12		16.30	.008		25.01		.12
OTHER SERVICES	4	8		129.09		16.14	.000		32.27		.00
@PODIATRIST	207	254	\$	4,194.41	\$	16.51	.006	\$	20.26	\$	.09
MEDICINE/INJECTIONS	48	54		1,696.27		31.41	.001		35.34		.04
SURGERY/ANES.	6	6		464.37		77.40	.000		77.40		.01
RADIO./PATHOLOGY	6	7		132.78		18.97	.000		22.13		.00
OTHER	159	187		1,900.99		10.17	.004		11.96		.04
@HOME HEALTH AGENCY	34	184	Ś	10,878.84	\$	59.12	.004	Ś	319.97	Ś	.24
NURSE ANESTHESIST	1	24	Ś	65.11	\$	2.71	.001		65.11	\$	.00
NURSE MIDWIFE	29	118	Ś	10,798.07	\$	91.51	.003		372.35		.24
PEDIATRIC NURSE PRACTITIONER		1	Ś	57.20	\$	57.20	.000		57.20		.00
FAMILY NURSE PRACTITIONER	113	132	Ś		\$		.003		29.29	\$	.07
@TOTAL HOSPITAL	5 <b>,</b> 696	27,848	¢	-		142.65	.614		697.44		87.53
HOSP INPATIENT TOTAL	544	2,033	Y	3,185,929.21	Y	1567.11	.045	Y	5856.49	Y	70.19
HSC HOSPITALS		2 <b>,</b> 033		1,061,712.07		1362.92	.017		11796.80		23.39
NON-HSC HOSPITAL TOTAL	90 335 335	1,254		2,014,857.36		1606.74	.028		6014.50		44.39
ACCOMMODATIONS	335	1,254		591,845.68		471.97	.028		1766.70		13.04
	1	1,234 5		4,028.74		805.75			4028.74		.09
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	•										
ALL OTHER ACCOM	334 335	1,249 0		587,816.94		470.63 .00	.028		1759.93		12.95 31.35
ANCILLARIES				1,423,011.68			.000		4247.80		
INPATIENT CROSSOVERS	131	0		109,359.78		.00	.000		834.81		2.41
ALL OTHER INPATIENT	-			.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5,384	25,815		786,687.06		30.47	.569		146.12		17.33
MEDICAL	871	1,232		54,028.74		43.85	.027		62.03		1.19
SURGERY	503	593		16,930.05		28.55	.013		33.66		.37
PATHOLOGY	2,077	7,861		100,508.42		12.79	.173		48.39		2.21
RADIOLOGY	1,472	2,207		165,095.95		74.81	.049		112.16		3.64
ROOM USE	3,047	4,331		164,702.30		38.03	.095		54.05		3.63
CROSSOVERS/ALL OTH OUTPTNT		9,591		285,421.60		29.76	.211		110.03		6.29
@COUNTY HOSPITAL TOTAL	21	199	\$	159,199.69	\$				7580.94	\$	3.51
CO HOSPITAL INPATIENT TOTAL		116		156,323.94		1347.62	.003		39080.99		3.44
HSC HOSPITALS	4	115		155,480.00		1352.00	.003		38870.00		3.43
NON-HSC HOSPITALS TOTAL	1	1		843.94		843.94	.000		843.94		.02
ACCOMMODATIONS	1	1		231.30		231.30	.000		231.30		.01
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	1		231.30		231.30	.000		231.30		.01
ANCILLARIES	1	0		612.64		.00	.000		612.64		.01
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	17	83	2 <b>,</b> 875.75	34.65	.002	169.16	.06
MEDICAL	5	5	235.21	47.04	.000	47.04	.01
SURGERY	6	11	367.83	33.44	.000	61.31	.01
PATHOLOGY	5	22	564.27	25.65	.000	112.85	.01
RADIOLOGY	4	7	427.76	61.11	.000	106.94	.01
ROOM USE	11	20	1,071.99	53.60	.000	97.45	.02
CROSSOVERS/ALL OTH OUTPTNT	9	18	208.69	11.59	.000	23.19	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN 20	04 THRU DE	EC 2004	PAGE 9,131
MOP024	FEE-FOR-SERVICE/DENT	'AL					03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES	FOR MEDICALLY	NEEDY - TOTAL				

NEVADA COUNTI	SUMMARI OF SERV	VICES FOR MEDICAL	LI IV	EEDI - IOIAL			Mo	חות	תםדע אוודם	CF	
45,388 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Z\ 7.7	ERAGE COST				ŒĽ.	COST PER
45,500 EDIGIDEES	ODERO	OR DAYS OF CARE		EXIENDITORES		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,678	27,649	\$	3,813,416.58		137.92	.609			Ġ	84.02
COMM HOSP INPATIENT TOTAL	540	1,917	Ÿ	3,029,605.27	٧	1580.39	.042	Y	5610.38	Y	66.75
HSC HOSPITALS	86	664		906,232.07		1364.81	.015		10537.58		19.97
	334					1607.35	.028		6029.98		44.37
NON-HSC HOSPITALS TOTAL	334	1,253		2,014,013.42							
ACCOMMODATIONS		1,253		591,614.38		472.16	.028		1771.30		13.03
ADMINISTRATIVE DAYS	1	5		4,028.74		805.75	.000		4028.74		.09
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	333	1,248		587,585.64		470.82	.027		1764.52		12.95
ANCILLARIES	334	0		1,422,399.04		.00	.000		4258.68		31.34
INPATIENT CROSSOVERS	131	0		109,359.78		.00	.000		834.81		2.41
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	5 <b>,</b> 370	25 <b>,</b> 732		783,811.31		30.46	.567		145.96		17.27
MEDICAL	866	1,227		53,793.53		43.84	.027		62.12		1.19
SURGERY	497	582		16,562.22		28.46	.013		33.32		.36
PATHOLOGY	2,072	7,839		99,944.15		12.75	.173		48.24		2.20
RADIOLOGY	1,468	2,200		164,668.19		74.85	.048		112.17		3.63
ROOM USE	3,037	4,311		163,630.31		37.96	.095		53.88		3.61
CROSSOVERS/ALL OTH OUTPTNT		9,573		285,212.91		29.79	.211		110.25		6.28
@STATE HOSPITAL	2,307	0	\$	.00	\$	.00	.000	¢	.00	Ċ	.00
MENTALLY ILL	0	0	Y	.00	Y	.00	.000	Ÿ	.00	Y	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
	2 <b>,</b> 881	88,606	\$		\$			ċ	3201.82	Ċ	
@NURSING FACILITY	2,881 0	88,000	Ş		Ş	104.11	1.952	Ş		Ş	203.24
LEV A-INTERMEDIATE	-	•		.00		.00	.000		.00		.00
LEV B-REHAB MD	2	111		11,085.17		99.87	.002		5542.59		.24
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2,879	88 <b>,</b> 495		9,213,360.63		104.11	1.950		3200.19		202.99
@INTERMEDIATE CARE FACILDD	13	367	\$	72,125.32	\$	196.53		\$	5548.10	\$	1.59
ICF DDH	1	1		163.45		163.45	.000		163.45		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	12	366		71,961.87		196.62	.008		5996.82		1.59
@HEMODIALYSIS TOTAL	67	1,027	\$	64,982.31	\$	63.27	.023	\$	969.89	\$	1.43
HOSPITAL BASED	0	, ,	·	.00	·	.00	.000		.00		.00
HEMODIALYSIS CENTER	67	1,027		64,982.31		63.27	.023		969.89		1.43
@REHABILITATION FACILITY	23	157	\$	5,979.35	\$	38.09	.003	Ś		Ś	.13
HOSPITAL BASED	17	75	т	4,674.58	т	62.33	.002	Ψ.	274.98	Τ.	.10
INDEPENDENT FACILITY	6	82		1,304.77		15.91	.002		217.46		.03
@LABORATORY FACILITY	782	1,885	\$		\$	16.61	.042	Ċ		Ċ	.69
	767		Ų		۲			ې		Ą	
PATHOLOGY	15	1,844		31,078.27		16.85	.041		40.52		.68
XO AND OTHERS		41	<u>^</u>	223.97	<u>^</u>	5.46	.001	<u> </u>	14.93	<u> </u>	.00
@ORGANIZED OUTPATIENT CLINIC	3,065	4,976	\$	- · · · · ·	\$	102.02	.110	Ş	165.62	Ş	11.18
CLINIC	1,036	1,740		54,791.83		31.49	.038		52.89		1.21

18 91 7 3,126.15 34.35 .002 173.68 102.20 14.60 .000 102.20 SURGICENTER .07 .00 HEROIN DETOX CLINIC 1 3,138 449,608.28 143.28 RURAL HEALTH CLINIC 2,038 .069 220.61 9.91 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,132 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

						MC	NTHLY AVERA	GE	
45,388 ELIGIBLES	USERS U	NITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST F	'ER
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER	ELIGIE	3LE
@ALL OTHER PROVIDERS	2,633	54,369	\$	796,761.33	\$ 14.65	1.198	\$ 302.61	\$ 17.	. 55
DURABLE MED. EQUIP.	130	920		64,871.76	70.51	.020	499.01	1.	. 43
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	31	32		12,752.61	398.52	.001	411.37		.28
MEDICAL TRANSPORTATION	265	4,782		52,914.18	11.07	.105	199.68	1.	.17
AMBULANCES/AIR TRANS	223	2,789		34,571.04	12.40	.061	155.03		.76
OTHER TRANS	35	1,960		5 <b>,</b> 675.76	2.90	.043	162.16		.13
OTHER SERVICES	17	33		12,667.38	383.86	.001	745.14		.28
ACUPUNCTURE	2	2		54.06	27.03	.000	27.03		.00
ADULT DAY HEALTH CARE CTR	78	922		64,152.76	69.58	.020	822.47	1.	.41
GENETIC DISEASE TESTING	59	60		6,300.00	105.00	.001	106.78		.14
IHMC, MODEL-NF, NF, AIDS, MSSP	51	1,422		62,312.28	43.82	.031	1221.81	1.	.37
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	425	934		9,267.29	9.92	.021	21.81		.20
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	50	84		134.67	1.60	.002	2.69		.00
PROSTHETIST/ORTHOTISTS	52	86		7,621.00	88.62	.002	146.56		.17
PROSTHETICS	52	86		7,621.00	88.62	.002	146.56		.17
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	43	97		7,830.50	80.73	.002	182.10		.17
HOSPICE SERVICES	123	3,447		392,366.13	113.83	.076	3189.97	8.	. 64
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	962	26,475		94,591.11	3.57	.583	98.33	2.	.08
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	433	15,106		21,592.98	1.43	.333	49.87		. 48
@CALIF. CHILDREN SERVICES*	186	2,904	\$	451,123.82	\$ 155.35	.064	\$ 2425.40	\$ 9.	. 94
@XOVER EXCLUDING STATE HOSP**	2,451	31,262	\$	427,102.18		.689	\$ 174.26	\$ 9.	.41
0* TOTALS IN THESE LINES ARE GIV	EN AS A SEPARAT	E INFORMATION T	TEM (	ONT.Y:					

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

NEVADA COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,133 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

----- MONTHLY AVERAGE -----

NEVADA COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

					1101		
USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
1,421	38,324	\$	388,078.66	\$ 10.13	12.419	\$ 273.10	\$ 125.75
618	1,412	\$	59,615.53	\$ 42.22	.458	96.47	\$ 19.32
465	603		22,154.12	36.74	.195	47.64	7.18
302	373		11,327.80	30.37	.121	37.51	3.67
0	0		.00	.00	.000	.00	.00
156	187		9,145.75	48.91	.061	58.63	2.96
0	0		.00	.00	.000	.00	.00
8	17		874.92	51.47	.006	109.37	.28
	1,421 618 465 302 0	OR DAYS OF CAR 1,421 38,324 618 1,412 465 603 302 373 0 0	OR DAYS OF CARE  1,421	OR DAYS OF CARE  1,421	OR DAYS OF CARE  1,421 38,324 59,615.53 618 1,412 59,615.53 42.22 465 603 22,154.12 36.74 302 373 11,327.80 30.37 0 0 0 156 187 9,145.75 48.91 0 0 0 .00	USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG PER U	OR DAYS OF CARE  1,421

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	20	26		805.65	30.9	9 .008		40.28		.26
INPATIENT VISITS	28	83		4,111.44				146.84		1.33
HOSPITAL VISITS	28	79		3,242.63	41.0	5 .026		115.81		1.05
	1	Δ		868.81	217.2			868.81		.28
CRITICAL CARE SNF/ICF/TRANS IP CARE	0	4 0 10		.00	.0			.00		.00
OPHTHALMOLOGICAL SERVICES	10	1.0		454.07	45.4			45.41		.15
EXAMINATIONS	10	10		454.07	45.4			45.41		.15
SERVICES AND MATERIALS	10	0		.00	0.			.00		.00
INPATIENT HOSPITAL SURGERY	22	164		12,969.72	79.0			589.53		4.20
PRINCIPAL SURGEON	10 0 22 13	15		9,794.07	652.9			753.39		3.17
ASSISTANT SURGEON	2	2		238.25	119.1			119.13		.08
ASSISTANT SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY	0	147		2,937.40	19.9			326.38		.95
OUTPATIENT SURGERY	57	122		9,277.93	76.0			162.77		3.01
PRINCIPAL SURGEON	5 /	70						151.49		2.60
ASSISTANT SURGEON	0	0		8,028.81	.0			.00		.00
ANESTHESIOLOGIST	1 2	52		1,249.12	24.0			96.09		.40
ANESINESIOLOGISI	13	0			24.0			.00		.00
DIALYSIS	0	72		.00 736.63				16.74		.24
PATHOLOGY	44	188		6,299.11	10.2					
RADIOLOGY	124	188		- /	33.5					2.04
IDICHIMINI	O	-		.00	.0			.00		
IMMUNIZATION AND INJECTION		47		896.33	19.0			44.82		.29
OTHER SERVICES/ALL X-OVERS	64	123		2,716.18						.88
OTHER SERVICES/ALL X-OVERS  @PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES  @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS	580	13,583	\$	74,127.66					Ş	24.02
PRESCRIPTION DRUGS	555 0	1,109 0		64,965.45	58.5			117.05		21.05
SNF/ ICF	0	•		.00	.0			.00		.00
OUTPATIENTS	555	1,109		64,965.45 9,162.21	58.5			117.05		21.05
MEDICAL SUPPLIES	61	12,474	_	9,162.21	.7			150.20	_	2.97
@DENTIST	82	451	\$	13,561.75					Ş	4.39
VISITS - DIAGNOSTIC	59	272		4,583.00	16.8			77.68		1.49
ORAL SURGERY	13	26		993.75	38.2			76.44		.32
DRUGS	8	10		225.00	22.5			28.13		.07
ANESTHESIA	1	2		100.00	50.0			100.00		.03
PERIODONTICS	0	0		.00		0 .000		.00		.00
ENDODONTICS	9	20		1,797.00				199.67		.58
RESTORATIVE DENTISTRY	31	102			47.9	7 .033		157.84		1.59
		0		.00	.0			.00		.00
DENTURES, STAYPLATES	0	0		.00	.0			.00		.00
SPACE MAINTAINERS	2	2		120.00 150.00	60.0			60.00 150.00		.04
MAXILLOFACIAL SERVICES	1	2		100.00	75.0					.05
FRACTURES, DISLOCATIONS	1	1		700.00	700.0			700.00		.23
ORTHODONTIC SERVICES	0	0		.00	.0			.00		.00
ALL OTHER SERVICES	4	14		.00	.0			.00		.00
	MEDI-CAL SERVICES		RES M	IONTH-OF-PAYMENT RE	EPORT FOR J	AN 2004 THRU	DEC	2004	P	AGE 9,134
MOP024	FEE-FOR-SERVICE/DE									03/14/05
VIETA DA COLLVENA	CLIMMADA OF CEDITLE	C DOD MIC	NTO CC	C C C C C C C C C C C C C C C C C C C	ATZ AM ETZ 7m	0.0 017 0147				

NEVADA COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

----- MONTHLY AVERAGE -----3,086 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 18 66 1,381.09 20.93 .021 \$ 76.73 \$ .45 16 .005 44.25 .22 DIAGNOSTIC AND ANC. PROCED 15 663.69 41.48 EYE APPLIANCES 17 50 717.40 14.35 .016 42.20 .23 OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .000 .00 .00 22 363.66 \$ .12 @CHIROPRACTOR 14 16.53 .007 \$ 25.98 \$ VISITS 14 22 363.66 16.53 .007 25.98 .12 .00 OTHER SERVICES 0 0 .00 .00 .000 .00 3 223.20 \$ @PODIATRIST 44.64 .002 \$ 74.40 \$ .07

MEDICINE/INJECTIONS	3	4	208.20	52.05	.001	69.40	.07
SURGERY/ANES.	1	1	15.00	15.00	.000	15.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	6	498	\$ 14,756.43	\$ 29.63	.161	\$ 2459.41	\$ 4.78
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	8	10	\$ 256.43	\$ 25.64	.003	\$ 32.05	\$ .08
@TOTAL HOSPITAL	365	1,567	\$ 153,040.65	\$ 97.66	.508	\$ 419.29	\$ 49.59
HOSP INPATIENT TOTAL	18	76	111,441.68	1466.34	.025	6191.20	36.11
HSC HOSPITALS	6	30	39,447.00	1314.90	.010	6574.50	12.78
NON-HSC HOSPITAL TOTAL	12	46	71 <b>,</b> 994.68	1565.10	.015	5999.56	23.33
ACCOMMODATIONS	12	46	21,674.46	471.18	.015	1806.21	7.02
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	12	46	21,674.46	471.18	.015	1806.21	7.02
ANCILLARIES	12	0	50,320.22	.00	.000	4193.35	16.31
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	356	1,491	41,598.97	27.90	.483	116.85	13.48
MEDICAL	61	74	2,203.77	29.78	.024	36.13	.71
SURGERY	38	41	1,102.54	26.89	.013	29.01	.36
PATHOLOGY	161	545	7,088.00	13.01	.177	44.02	2.30
RADIOLOGY	92	134	10,811.60	80.68	.043	117.52	3.50
ROOM USE	244	343	12,458.36	36.32	.111	51.06	4.04
CROSSOVERS/ALL OTH OUTPINT	122	354	7,934.70	22.41	.115	65.04	2.57
@COUNTY HOSPITAL TOTAL	1	3	\$ 105.37	\$ 35.12	.001	\$ 105.37	\$ .03
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	3	105.37	35.12	.001	105.37	.03
MEDICAL	1	1	31.59	31.59	.000	31.59	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	52.52	52.52	.000	52.52	.02
CROSSOVERS/ALL OTH OUTPINT	1	1	21.26	21.26	.000	21.26	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN	2004 THRU DE	EC 2004	PAGE 9,135
MOP024	FEE-FOR-SERVICE/DE	NTAL					03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES	FOR MIC - NO SOC	03 04 2A 45 4A 4	K 4M 5K 7T 82	8E 8W		
						NTHLY AVERA	GE
3,086 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	364	1,564 \$	152,935.28	\$ 97.78	.507		•
COMM HOSP INPATIENT TOTAL	18	76	111,441.68	1466.34	.025	6191.20	36.11

3,086 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		UNITS/DAY	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	364	1,564	, \$	152,935.28	\$ 97.78	.507	420.15	49.56
COMM HOSP INPATIENT TOTAL	18	76		111,441.68	1466.34	.025	6191.20	36.11
HSC HOSPITALS	6	30		39,447.00	1314.90	.010	6574.50	12.78
NON-HSC HOSPITALS TOTAL	12	46		71,994.68	1565.10	.015	5999.56	23.33
ACCOMMODATIONS	12	46		21,674.46	471.18	.015	1806.21	7.02
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	12	46		21,674.46	471.18	.015	1806.21	7.02
ANCILLARIES	12	0		50,320.22	.00	.000	4193.35	16.31
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	355	1,488		41,493.60	27.89	.482	116.88	13.45
MEDICAL	60	73		2,172.18	29.76	.024	36.20	.70
SURGERY	38	41		1,102.54	26.89	.013	29.01	.36
PATHOLOGY	161	545		7,088.00	13.01	.177	44.02	2.30
RADIOLOGY	92	134		10,811.60	80.68	.043	117.52	3.50
ROOM USE	243	342		12,405.84	36.27	.111	51.05	4.02
CROSSOVERS/ALL OTH OUTPINT	121	353		7,913.44	22.42	.114	65.40	2.56
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	12	73	\$	1,236.38	\$ 16.94	.024	\$ 103.03	\$ .40
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00

INDEPENDENT FACILITY	12	73		1,236.38		16.94	.024		103.03		.40
@LABORATORY FACILITY	50	104	\$	1,945.67	\$	18.71	.034	\$	38.91	\$	.63
PATHOLOGY	50	104		1,945.67		18.71	.034		38.91		.63
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	168	328	\$	21,554.74	\$	65.72	.106	\$	128.30	\$	6.98
CLINIC	94	215		5,474.88		25.46	.070		58.24		1.77
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	79	113		16,079.86		142.30	.037		203.54		5.21
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITUR	ES M	ONTH-OF-PAYMENT RI	EPOR'	T FOR JAN 2	2004 THRU	DEC	2004	P	AGE 9,136
MOP024	FEE-FOR-SERVICE/DENT	AL									03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES	FOR MIC - N	0 S0	C 03 04 2A 45 4A	4K 41	M 5K 7T 82	8E 8W				
							M	ONTI	HLY AVERA	.GE	

3,086 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE 127 20,205 \$ 46,015.47 \$ 2.28 6.547 \$ 362.33 \$ 14.91 @ALL OTHER PROVIDERS 22 6,004.55 DURABLE MED. EOUIP. 79 76.01 .026 272.93 1.95 

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 .00 .00 BLOOD BANK .00 .000 .00 HEARING AID DISPENSERS 0 .00 72 MEDICAL TRANSPORTATION .34 AMBULANCES/AIR TRANS .34 0 OTHER TRANS .00 0 OTHER SERVICES .00 ACUPUNCTURE .00 ADULT DAY HEALTH CARE CTR 0 GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP .00 0 .00 OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY .00 PROSTHETIST/ORTHOTISTS PROSTHETICS .00 0 ORTHOTICS .00 0 PSYCHOLOGIST SPEECH AND AUDIOLOGY .50 HOSPICE SERVICES .00 NONINST BIRTHING CENTERS 0 .00 35,149.43 .00 LOCAL EDUCATION AGENCIES 11.39 EPSDT SUPPLEMENTAL SERVICE .00 0 RESPIRATORY CARE PRACT. .00 .00 PED SUBACUTE REHAB/WEANING .00 .000 .00 .00 1,303.93 .22 ALL OTHER PROVIDERS 6,001 1.945 144.88 . 42 62 3**,**163 0 3,163 \$ 35,569.75 \$ 11.25 1.025 \$ 573.71 \$ @CALIF. CHILDREN SERVICES\* @XOVER EXCLUDING STATE HOSP\*\* .00 \$ .00 \$ .000 \$ .00 \$ .00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,137
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

					MON	THLY AVERAG	jE
47 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	116	520	\$ 85,268.31	\$ 163.98	11.064 \$	735.07	\$ 1814.22
@PHYSICIANS SERVICES	54	159	\$ 12,683.96	\$ 79.77	3.383 \$	234.89	\$ 269.87

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

	2.5	2.0	1 050 5	0	E4 EE	0.0.0	50.55		44 60
OUTPATIENT VISITS	27	38	1,958.7		51.55	.809	72.55		41.68
OFFICE VISITS	4	4	68.8		17.22	.085	17.22		1.47
HOME VISITS	0	0	.0		.00	.000	.00		.00
EMERGENCY ROOM	24	34	1,889.8		55.59	.723	78.75		40.21
PREVENTIVE CARE	0	0	.0		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0	.0		.00	.000	.00		.00
OTHER OUTPATIENT	0	0	.0		.00	.000	.00		.00
INPATIENT VISITS	5	11	582.8		52.99	.234	116.58		12.40
HOSPITAL VISITS	5	11	582.8		52.99	.234	116.58		12.40
CRITICAL CARE	0	0	.0		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0	.0		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0	.0		.00	.000	.00		.00
EXAMINATIONS	0	0	.0		.00	.000	.00		.00
SERVICES AND MATERIALS	0	0	.0		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	5	36	7,188.9		199.69	.766	1437.79		152.96
PRINCIPAL SURGEON	4	15	6,280.6		418.71	.319	1570.15		133.63
ASSISTANT SURGEON	2	2	495.5		247.77	.043	247.77		10.54
ANESTHESIOLOGIST	2	19	412.8		21.73	.404	206.41		8.78
OUTPATIENT SURGERY	11	27	1,007.9		37.33	.574	91.63		21.45
PRINCIPAL SURGEON	8	8	564.5	4	70.57	.170	70.57		12.01
ASSISTANT SURGEON	0	0	.0	0	.00	.000	.00		.00
ANESTHESIOLOGIST	4	19	443.4	3	23.34	.404	110.86		9.43
DIALYSIS	0	0	.0		.00	.000	.00		.00
PATHOLOGY	1	2	51.9		25.97CR	.043	51.94C	R	1.11CR
RADIOLOGY	19	36	1,585.5	3	44.04	.766	83.45		33.73
PSYCHIATRY	0	0	.0	0	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0	.0	0	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	6	9	411.7		45.75	.191	68.63		8.76
@PHARMACY	9	14 \$	1,265.5	1 \$	90.39	.298	\$ 140.61	\$	26.93
PRESCRIPTION DRUGS	9	14	1,265.5	1	90.39	.298	140.61		26.93
SNF/ICF	0	0	.0	0	.00	.000	.00		.00
OUTPATIENTS	9	14	1,265.5	1	90.39	.298	140.61		26.93
MEDICAL SUPPLIES	0	0	.0	0	.00	.000	.00		.00
@DENTIST	7	24 \$	54.0	0 \$	2.25	.511	\$ 7.71	\$	1.15
VISITS - DIAGNOSTIC	6	11	54.0	0	4.91	.234	9.00		1.15
ORAL SURGERY	1	4	.0	0	.00	.085	.00		.00
DRUGS	0	0	.0	0	.00	.000	.00		.00
ANESTHESIA	0	0	.0	0	.00	.000	.00		.00
PERIODONTICS	0	0	.0	0	.00	.000	.00		.00
ENDODONTICS	0	0	.0	0	.00	.000	.00		.00
RESTORATIVE DENTISTRY	3	9	.0	0	.00	.191	.00		.00
PROSTHETICS	0	0	.0	0	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.0	0	.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.0	0	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.0	0	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.0		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.0	0	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.0		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT	REPO	RT FOR JAN 20	04 THRU D	EC 2004	PA	GE 9,138
	FEE-FOR-SERVICE								03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR MIC - SOC			AID CODE 8	33			
					-	MO	NTHLY AVERA	GE -	
47 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURE	S A	VERAGE COST U	JNITS/DAYS	COST PER	С	OST PER
		OR DAYS OF CARE		P	ER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@OPTOMETRIST	0	0 \$	.0	0 \$	.00	.000	\$ .00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.0	0	.00	.000	.00		.00

EYE APPLIANCES	0	0		.00		.00	.000	.0		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.0	0	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$ .0	0 \$	.00
VISITS	0	0		.00		.00	.000	.0	0	.00
OTHER SERVICES	0	0		.00		.00	.000	.0	Ω	.00
@PODIATRIST	0	0	Ś	.00	\$	.00	.000			.00
MEDICINE/INJECTIONS	0	0	Ψ	.00	т	.00	.000	.0		.00
SURGERY/ANES.	0	0		.00		.00	.000	.0		.00
	0	0		.00						
RADIO./PATHOLOGY	-					.00	.000	.0		.00
OTHER	0	0	_	.00		.00	.000	.0		.00
@HOME HEALTH AGENCY	0	120CR	\$	3,529.200		29.41	2.5530			75.09CR
NURSE ANESTHESIST	0	0	\$	.00	\$	.00		\$ .0		.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00		\$ .0	0 \$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .0	0 \$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .0	0 \$	.00
@TOTAL HOSPITAL	51	239	\$	71,782.60	\$	300.35	5.085	\$ 1407.5	0 \$	1527.29
HOSP INPATIENT TOTAL	8	36		66,578.15		1849.39	.766	8322.2	7	1416.56
HSC HOSPITALS	2	10		8,024.00		802.40	.213	4012.0		170.72
NON-HSC HOSPITAL TOTAL	6	26		58,554.15		2252.08	.553	9759.0		1245.83
ACCOMMODATIONS	6	26		18,891.31		726.59	.553	3148.5		401.94
ADMINISTRATIVE DAYS	0	0		•		.00	.000	.0		.00
	0	0		.00						
TRANSITIONAL IP CARE				.00		.00	.000	.0		.00
ALL OTHER ACCOM	6	26		18,891.31		726.59	.553	3148.5		401.94
ANCILLARIES	6	0		39,662.84		.00	.000	6610.4		843.89
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.0		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.0		.00
HOSP OUTPATIENT TOTAL	44	203		5,204.45		25.64	4.319	118.2	8	110.73
MEDICAL	15	23		665.91		28.95	.489	44.3	9	14.17
SURGERY	13	15		272.46		18.16	.319	20.9	6	5.80
PATHOLOGY	9	29		291.34		10.05	.617	32.3	7	6.20
RADIOLOGY	17	29		1,228.96		42.38	.617	72.2	9	26.15
ROOM USE	32	47		1,660.18		35.32	1.000	51.8	8	35.32
CROSSOVERS/ALL OTH OUTPTNT	22	60		1,085.60		18.09	1.277	49.3		23.10
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000		0 \$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	7	.00	7	.00	.000	.0		.00
HSC HOSPITALS	0	0		.00		.00	.000	.0		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.0		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.0		.00
	0	0		.00		.00	.000	.0		.00
ADMINISTRATIVE DAYS	0	0								
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.0		.00
ALL OTHER ACCOM	-	0		.00		.00	.000	.0		.00
ANCILLARIES	0	0		.00		.00	.000	.0		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.0		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.0		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.0	0	.00
MEDICAL	0	0		.00		.00	.000	.0	0	.00
SURGERY	0	0		.00		.00	.000	.0	0	.00
PATHOLOGY	0	0		.00		.00	.000	.0		.00
RADIOLOGY	0	0		.00		.00	.000	.0		.00
ROOM USE	0	Ō		.00		.00	.000	.0		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.0		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	•	ES MC		REPOR'					PAGE 9,139
MOP024	FEE-FOR-SERVICE/DENTAL		_~ 110	01 11111111111111	010				_	03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FO		റ്റ			AID CODE	z. 83			00/14/00
NEVIDII COONTI	SOLUTION OF SERVICES FC	.1. 1110 0				111D CODI		MONTHLY AVE	RACF	
A7 FITCIBLES	HOEDO HINTE	OF CEDUTCE		EADENDIMIDES	71.7.7	EDACE COC	יי. עול / מער הטיינו ה			COCH DED

	OR DAYS OF CA	RE			PER	R UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL 51	239	\$	;	71,782.60	\$	300.35	5.085	\$ 1407.50	\$ 1527.29
COMM HOSP INPATIENT TOTAL	36			66,578.15		1849.39	.766	8322.27	1416.56
HSC HOSPITALS	10			8,024.00		802.40	.213	4012.00	170.72
NON-HSC HOSPITALS TOTAL	26			58,554.15		2252.08	.553	9759.03	1245.83
ACCOMMODATIONS	26			18,891.31		726.59	.553	3148.55	401.94
ADMINISTRATIVE DAYS (	0			.00		.00	.000	.00	.00
TRANSITIONAL IP CARE (	0			.00		.00	.000	.00	.00
ALL OTHER ACCOM	26			18,891.31		726.59	.553	3148.55	401.94
ANCILLARIES	0			39,662.84		.00	.000	6610.47	843.89
INPATIENT CROSSOVERS (	0			.00		.00	.000	.00	.00
ALL OTHER INPATIENT (	0			.00		.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL 44	203			5,204.45		25.64	4.319	118.28	110.73
MEDICAL 15	23			665.91		28.95	.489	44.39	14.17
SURGERY 13	15			272.46		18.16	.319	20.96	5.80
PATHOLOGY	29			291.34		10.05	.617	32.37	6.20
RADIOLOGY 17	29			1,228.96		42.38	.617	72.29	26.15
ROOM USE 32	47			1,660.18		35.32	1.000	51.88	35.32
CROSSOVERS/ALL OTH OUTPTNT 22	60			1,085.60		18.09	1.277	49.35	23.10
@STATE HOSPITAL (	0	\$	5	.00	\$	.00	.000	\$ .00	\$ .00
MENTALLY ILL	0			.00		.00	.000	.00	.00
DEVELOP. DISABLED (	0			.00		.00	.000	.00	.00
@NURSING FACILITY (	0	\$	5	.00	\$	.00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0			.00		.00	.000	.00	.00
LEV B-REHAB MD (	0			.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING (	0			.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED (	0			.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0			.00		.00	.000	.00	.00
LEV B-REGULAR (	0			.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD (	0	\$	5	.00	\$	.00	.000	\$ .00	\$ .00
ICF DDH	0			.00		.00	.000	.00	.00
ICF DD (	0			.00		.00	.000	.00	.00

ICF DDN/DDCN	0	0	.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$	.00	.000	\$ .00	\$	.00
HOSPITAL BASED	0	0	.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00		.00	.000	.00		.00
@REHABILITATION FACILITY	3	26 \$	542.00	\$	20.85	.553	\$ 180.67	\$	11.53
HOSPITAL BASED	3	26	542.00		20.85	.553	180.67		11.53
INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	3	3 \$	44.61	\$	14.87	.064	\$ 14.87	\$	.95
PATHOLOGY	3	3	44.61		14.87	.064	14.87		.95
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1 \$	16.71	\$	16.71	.021	\$ 16.71	\$	.36
CLINIC	1	1	16.71		16.71	.021	16.71		.36
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES	MONTH-OF-PAYMENT	REPORT	'FOR JAN	2004 THRU	DEC 2004	PAG	E 9,140
MOP024	FEE-FOR-SERVICE/DENT	AL							03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES	FOR MIC - SOC			AID CODE	83			
						M	MONTHLY AVER	AGE	

47 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 12 174 2,408.12 13.84 3.702 \$ 200.68 \$ 51.24 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 .00 0 .00 .00 .000 BLOOD BANK .00 HEARING AID DISPENSERS 0 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION 161 1,382.39 8.59 3.426 197.48 29.41 161 1,382.39 8.59 3.426 197.48 AMBULANCES/AIR TRANS 29.41 .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .00 OTHER SERVICES .000 .00 ACUPUNCTURE .00 .00 .000 .00 .00 .00 .00 ADULT DAY HEALTH CARE CTR .00 .000 .00 .00 .00 GENETIC DISEASE TESTING .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 11.01 5.51 .043 11.01 .23 OPTICIAN PHYSICAL THERAPIST .00 .00 .000 .00 .00 .00 PORTABLE X-RAY .00 .000 .00 .00 .00 .00 .000 .00 PROSTHETIST/ORTHOTISTS .00 .00 .00 .000 .00 .00 PROSTHETICS ORTHOTICS .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 PSYCHOLOGIST SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 .00 .00 NONINST BIRTHING CENTERS .00 .000 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 .00 .00 .000 .00 RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING 0 .00 .00 .00 .000 .00 ALL OTHER PROVIDERS 11 1,014.72 92.25 .234 202.94 21.59 967.10 @CALIF. CHILDREN SERVICES\* 3,868.40 \$ 161.18 .511 \$ \$ 82.31 @XOVER EXCLUDING STATE HOSP\*\* .000 \$ .00 \$ .00 .00 .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024

					MON'	THLY AVERA	GE
3,133 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,537 672 492	38,844 \$	473,346.97	\$ 12.19	12.398 \$	307.97	\$ 151.08
@PHYSICIANS SERVICES	672	1 <b>,</b> 571 \$	72,299.49	\$ 46.02	.501 \$	107.59	\$ 23.08
OUTPATIENT VISITS	492	641	24,112.90	37.62	.205	49.01	7.70
OFFICE VISITS	306	377	11,396.69	30.23	.120	37.24	3.64
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	180	221	11,035.64	49.94	.071	61.31	3.52
PREVENTIVE CARE	Ō	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	8	17	874.92	51.47	.005	109.37	.28
OTHER OUTPATIENT	20	26	805.65	30.99	.008	40.28	.26
INPATIENT VISITS	33	94	4,694.32	49.94	.030	142.25	1.50
HOSPITAL VISITS	33	90	3,825.51	42.51	.029	115.92	1.22
CRITICAL CARE	1	4	868.81	217.20	.001	868.81	.28
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	10	10	454.07	45.41	.003	45.41	.14
EXAMINATIONS	10	10	454.07	45.41	.003	45.41	.14
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	27	200	20,158.67	100.79	.064	746.62	6.43
PRINCIPAL SURGEON	17	30	16,074.67	535.82	.010	945.57	5.13
ASSISTANT SURGEON	4	4	733.78	183.45	.001	183.45	.23
ANESTHESIOLOGIST	11	166	3,350.22	20.18	.053	304.57	1.07
OUTPATIENT SURGERY	68	149	10,285.90	69.03	.048	151.26	3.28
PRINCIPAL SURGEON	61	78	8,593.35	110.17	.025	140.87	2.74
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	17	71	1,692.55	23.84	.023	99.56	.54
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	45	74	684.69	9.25	.024	15.22	.22
RADIOLOGY	143	224	7,884.64	35.20	.071	55.14	2.52
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	20	47	896.33	19.07	.015	44.82	.29
OTHER SERVICES/ALL X-OVERS	70	132	3,127.97	23.70	.042	44.69	1.00
@PHARMACY	589	13,597 \$	75,393.17	\$ 5.54	4.340 \$		\$ 24.06
PRESCRIPTION DRUGS	564	1,123	66,230.96	58.98	.358	117.43	21.14
SNF/ICF	0	1,123	.00	.00	.000	.00	.00
OUTPATIENTS	564	1,123		58.98	.358	117.43	21.14
		•	66,230.96	.73	3.981	150.20	2.92
MEDICAL SUPPLIES @DENTIST	61 89	12 <b>,</b> 474 475 \$	9,162.21 13,615.75	\$ 28.66	.152 \$		
VISITS - DIAGNOSTIC	65	283	4,637.00	16.39	.090	71.34	1.48
ORAL SURGERY	14	30	993.75	33.13	.010	70.98	.32
DRUGS	8	10	225.00	22.50	.003	28.13	.07
	0 1	2	100.00	50.00	.003	100.00	.03
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	9	20					
ENDODONTICS			1,797.00	89.85	.006	199.67	.57
RESTORATIVE DENTISTRY	34	111 0	4,893.00	44.08	.035	143.91	1.56
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	-	.00	.00	.000	.00	.00
SPACE MAINTAINERS	2	2	120.00	60.00	.001	60.00	.04
MAXILLOFACIAL SERVICES	1	2	150.00	75.00	.001	150.00	.05
FRACTURES, DISLOCATIONS	1	1	700.00	700.00	.000	700.00	.22
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	4	14	.00	.00	.004	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES MC	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	ZUU4 THRU DE	2004	PAGE 9,142

03/14/05

FEE-FOR-SERVICE/DENTAL

NEVADA COUNTY	SUMMARY OF SERV	JICES FOR MEDICAL	LY I	NDIGENT - CHILDREN	_	TOTAL	D.4.0	\ N.T.IT	1111 X 7 17 17 17 7	CE	
2 122 ELICIDIES	HCEDC	INTER OF CEDUTOR		EADENDIMIDEC	71.7.7	EDACE COCH	MC			.GĽ	
3,133 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		>			COST PER ELIGIBLE
A O DECOME ED I CE	18	OR DAYS OF CARE	\$	1,381.09	\$	R UNIT/DAY 20.93	.021	ċ	USER 76.73	ċ	
@OPTOMETRIST	15	66 16	Ş	663.69	Ą	41.48	.021	Ą	44.25	Ą	.21
DIAGNOSTIC AND ANC. PROCED	17	50		717.40		14.35	.016		44.23		.23
EYE APPLIANCES OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	14	22	\$	363.66	\$	16.53	.007	ċ	25.98	ċ	.12
	14	22	۲	363.66	۲	16.53	.007	۲	25.98	ې	.12
VISITS	0	0				.00	.000		.00		.00
OTHER SERVICES	3		\$	.00	ċ			ċ		ċ	
@PODIATRIST MEDICINE/INJECTIONS	3	5 4	Ą	223.20 208.20	\$	44.64 52.05	.002 .001	Þ	74.40 69.40	Ş	.07
	1	1		15.00		15.00	.000		15.00		.00
SURGERY/ANES.	1	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER @HOME HEALTH AGENCY	6	378	ċ		ċ	29.70		ċ	1871.21	ċ	3.58
NURSE ANESTHESIST	0	0	ې خ	11,227.23	\$ \$	.00		\$ \$	.00		.00
	0	0	ې د	.00						\$	
NURSE MIDWIFE	•	0	ې د	.00	\$	.00		\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	8		ې د		\$	.00		\$	.00	\$	.00
FAMILY NURSE PRACTITIONER		10	÷		\$	25.64	.003	\$	32.05	\$	.08
@TOTAL HOSPITAL	416	1,806	Ą	•	\$	124.49	.576	Ş	540.44	Ş	71.76
HOSP INPATIENT TOTAL	26	112 40		178,019.83		1589.46	.036		6846.92		56.82 15.15
HSC HOSPITALS	8 18	72		47,471.00 130,548.83		1186.78 1813.18	.013 .023		5933.88 7252.71		41.67
NON-HSC HOSPITAL TOTAL	18	72		•					2253.65		
ACCOMMODATIONS	18	0		40,565.77		563.41	.023				12.95
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	18	72		.00		.00	.000		.00 2253.65		.00
ALL OTHER ACCOM	18	0		40,565.77		563.41	.023		4999.06		12.95 28.72
ANCILLARIES	18	0		89,983.06		.00	.000				
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT				.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL MEDICAL	400 76	1,694 97		46,803.42 2,869.68		27.63 29.58	.541 .031		117.01 37.76		14.94 .92
	51	56		1,375.00		24.55	.031		26.96		.44
SURGERY	170	574		7,379.34		12.86	.183		43.41		2.36
PATHOLOGY	109	163		12,040.56		73.87	.103		110.46		3.84
RADIOLOGY	276	390				36.20	.124		51.15		4.51
ROOM USE CROSSOVERS/ALL OTH OUTPTNT		414		14,118.54 9,020.30		21.79	.124		62.64		2.88
@COUNTY HOSPITAL TOTAL	1	3	\$	105.37	\$	35.12	.001	Ċ	105.37	Ċ	.03
CO HOSPITAL INPATIENT TOTAL	0	0	۲	.00	۲	.00	.000	۲	.00	ې	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	0	0		.00							
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM						.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL	1			.00		.00	.000		.00		.00
MEDICAL MEDICAL	1	3		105.37 31.59		35.12 31.59	.001		105.37 31.59		.03 .01
	0	0									
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY		•		.00		.00	.000		.00		.00
RADIOLOGY ROOM USE	0 1	0 1		.00 52.52		.00	.000		52.52		.00
MOOM OSE	1	Τ.		32.32		52.52	.000		JZ.JZ		. U ∠

CROSSOVERS/ALL OTH OUTPTNT 1 1 1 21.26 21.26 .000 21.26 .01 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,143

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

NEVADA COUNTI	SUMMAKI OF SERVI	CES FOR MEDICALL	1 1IV	IDIGENI - CHILDREN	1 - 101	AL		MONTH.		<b>с</b> п	
2 122 FF FGTDI FG	HGEDG	INTEG OF GERMAN			717007	CE COCE			HLY AVERA		
3,133 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DA		COST PER		COST PER
	41.5	OR DAYS OF CARE	Ċ	224 717 00			PER ELI		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	415	,	\$	224,717.88		24.64	.575	Ş	541.49	Þ	71.73
COMM HOSP INPATIENT TOTAL	26	112		178,019.83		89.46	.036		6846.92		56.82
HSC HOSPITALS	8	40		47,471.00		86.78	.013		5933.88		15.15
NON-HSC HOSPITALS TOTAL	18	72		130,548.83		313.18	.023		7252.71		41.67
ACCOMMODATIONS	18	72		40,565.77	5	63.41	.023		2253.65		12.95
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	_	.00	.000		.00		.00
ALL OTHER ACCOM	18	72		40,565.77	5	63.41	.023		2253.65		12.95
ANCILLARIES	18	0		89,983.06		.00	.000		4999.06		28.72
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	399	1,691		46,698.05		27.62	.540		117.04		14.91
MEDICAL	75	96		2,838.09		29.56	.031		37.84		.91
SURGERY	51	56		1,375.00		24.55	.018		26.96		. 44
PATHOLOGY	170	574		7,379.34		12.86	.183		43.41		2.36
RADIOLOGY	109	163		12,040.56		73.87	.052		110.46		3.84
ROOM USE	275	389		14,066.02		36.16	.124		51.15		4.49
CROSSOVERS/ALL OTH OUTPTNT		413		8,999.04		21.79	.132		62.93		2.87
@STATE HOSPITAL	0		\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	15	99	\$	1,778.38	\$	17.96	.032	\$	118.56	\$	.57
HOSPITAL BASED	3	26		542.00		20.85	.008		180.67		.17
INDEPENDENT FACILITY	12	73		1,236.38		16.94	.023		103.03		.39
@LABORATORY FACILITY	53	107	\$	1,990.28	\$	18.60	.034	\$	37.55	\$	.64
PATHOLOGY	53	107		1,990.28		18.60	.034		37.55		.64
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	169	329	\$	21,571.45	\$	65.57	.105	\$	127.64	\$	6.89
CLINIC	95	216		5,491.59		25.42	.069		57.81		1.75
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	79	113		16,079.86	1	42.30	.036		203.54		5.13
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURE:	S MC	NTH-OF-PAYMENT RE	EPORT F	OR JAN	2004 THRU	DEC		F	AGE 9,144
MOP024	FEE-FOR-SERVICE/	DENTAL									03/14/05
NEVADA COUNTY	SUMMARY OF SERVI	CES FOR MEDICALL	Y IN	DIGENT - CHILDREN	1 - TOI	AL					

3,133 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	:		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	139	20,379	\$	48,423.59	\$ 2.38	6.505 \$	348.37	\$ 15.46
DURABLE MED. EQUIP.	22	79		6,004.55	76.01	.025	272.93	1.92
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	13	233		2,432.61	10.44	.074	187.12	.78
AMBULANCES/AIR TRANS	13	233		2,432.61	10.44	.074	187.12	.78
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	4	4		420.00	105.00	.001	105.00	.13
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	30	65		566.78	8.72	.021	18.89	.18
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	6		1 <b>,</b> 531.57	255.26	.002	306.31	.49
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	67	13 <b>,</b> 980		35 <b>,</b> 149.43	2.51	4.462	524.62	11.22
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	14	6,012		2,318.65	.39	1.919	165.62	.74
@CALIF. CHILDREN SERVICES*	66	3,187	\$	39,438.15	\$ 12.37	1.017 \$	597.55	\$ 12.59

----- MONTHLY AVERAGE -----

@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$

03/14/05

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,145 MOP024 FEE-FOR-SERVICE/DENTAL

NEVADA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

NEVADA COUNTI	SUMMARI OF SERV	ICES FOR MIA - NO	SOC - AID PAID PEND.	ING AID CODE		III	`
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONT	COST PER	COST PER
00 FFIGIPTE2	USERS	OR DAYS OF CARE	EXPENDITURES	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
AMOMAI AII DDOMIDEDC	0		.00		.000 \$	.00	
@TOTAL, ALL PROVIDERS	0			\$ .00	·		·
@PHYSICIANS SERVICES			.00	\$ .00	.000 \$	.00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY PROSTHETICS	0	0	.00	.00	.000	.00	.00
	0	0					
DENTURES, STAYPLATES	0	•	.00	.00	.000	.00	.00
SPACE MAINTAINERS	U	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES 0 0 .00 .00 .000 .00 .00 FRACTURES, DISLOCATIONS 0 0 .00 .00 .000 .00 .00 .00 .00 ORTHODONTIC SERVICES 0 0 .00 .000 .00 0 .00 .00 .00 ALL OTHER SERVICES 0 .00 .000 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,146

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL

NEVADA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

NEVADA COUNTY	SUMMARY OF SER	VICES FOR MIA - N	10 SOC	: - AID PAID PEND	ING	AID CODE		\ <b>&gt;</b> T CC		C.E.	
00 ELICIDIES	HOEDO	INTEG OF CEDITOR	,	EADENDIMIDEC	70 5 7 7	DACE COCE	MC			GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	)			COST PER
O O DELOMBED T CE	0	OR DAYS OF CARE		0.0		R UNIT/DAY		Ċ	USER	Ċ	ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	Þ	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	Ş	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00		\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00		\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00		\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00		\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00		\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	Ś	.00	Ś	.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0	•	.00		.00	.000	•	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
AND OTHER INCATIONS	U	O		.00		• 0 0	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES M	ONTH-OF-PAYMENT REPORT	FOR JAN 2	004 THRU DEC	2004	PAGE 9,147
MOP024	FEE-FOR-SERVICE/DENTA	AL					03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES E	FOR MIA - NO SO	C - AID PAID PENDING	AID CODE	81		

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 0 .00 .00 .000 \$ .00 \$ .00 .00 COMM HOSP INPATIENT TOTAL 0 .00 .000 .00 .00 .00 .00 .000 .00 HSC HOSPITALS .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 .00 ALL OTHER INPATIENT .000 .00 COMM HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .00 .000 .00 .00 .00 .00 .000 PATHOLOGY .00 .00 .00 RADIOLOGY .00 .000 .00 0 ROOM USE .00 .00 .000 .00 .00 0 CROSSOVERS/ALL OTH OUTPINT .00 .00 .000 .00 .00 0 .00 \$ @STATE HOSPITAL .00 .00 .000 \$ .00 .00 MENTALLY ILL .00 .00 .000 .00 DEVELOP. DISABLED .00 .00 .000 .00 .00 .00 .00 .000 \$ .00 .00 @NURSING FACILITY LEV A-INTERMEDIATE .00 .00 .000 .00 .00 0 LEV B-REHAB MD .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED .00 .00 .000 .00 .00 LEV B-TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 LEV B-REGULAR 0 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 .00 \$ .00 ICF DDH 0 .00 .00 .000 .00 .00 0 .00 ICF DD .00 .000 .00 .00 ICF DDN/DDCN 0 .00 .00 .000 .00 .00 @HEMODIALYSIS TOTAL .00 .00 .000 \$ .00 \$ .00 HOSPITAL BASED .00 .00 .000 .00 .00 0 HEMODIALYSIS CENTER .00 .00 .000 .00 .00 @REHABILITATION FACILITY 0 .00 .00 .000 .00 \$ .00 .00 .00 .00 .000 .00 HOSPITAL BASED .00 INDEPENDENT FACILITY .00 .000 .00 .00 .000 .00 .00 \$ .00 \$ .00 **@LABORATORY FACILITY** .00 .00 .000 .00 .00 PATHOLOGY 0 XO AND OTHERS .00 .00 .000 .00 .00 .00 .00 \$ @ORGANIZED OUTPATIENT CLINIC .00 .000 \$ .00 CLINIC .00 .00 .000 .00 .00

.00 .00 SURGICENTER 0 0 .000 .00 .00 .000 .00 HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 RURAL HEALTH CLINIC Ω 0 .00 .00 .000 .00 PAGE 9,148 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

NEVADA COUNTI	SUMMARI OF SERV.	ICES FOR MIA -	NO SOC	- AID FAID FEND	ING AID CODE			~=
00			_			MON		
00 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST	, -	COST PER	COST PER
_	_	OR DAYS OF CAF			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	\$ .00	.000 \$		\$ .00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000 \$		\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000 \$		\$ .00
0* TOTALS IN THESE LINES ARE		ATE INFORMATION	TTEM O		• • • • • • •			

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

NEVADA COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,149
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

						MON	ITHLY AVERA	GE
95 ELIGIBLES	USERS	UNITS OF SERVICE	₹	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	₹		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	130	1,042	\$	88,070.68	\$ 84.52	10.968	677.47	\$ 927.06
@PHYSICIANS SERVICES	53	154	\$	13,623.28	\$ 88.46	1.621	257.04	\$ 143.40
OUTPATIENT VISITS	27	35		2,225.82	63.59	.368	82.44	23.43
OFFICE VISITS	13	15		712.88	47.53	.158	54.84	7.50
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	7	8		404.30	50.54	.084	57.76	4.26
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	11	12		1,108.64	92.39	.126	100.79	11.67

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0	.00		.00	.000	.00	.00
INPATIENT VISITS	11	27	1,625.23	6	0.19	.284	147.75	17.11
HOSPITAL VISITS	10	22	943.51	4	2.89	.232	94.35	9.93
CRITICAL CARE	1	5	681.72	13	6.34	.053	681.72	7.18
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00		.00	.000	.00	.00
EXAMINATIONS	0	0	.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	10	27	6,782.70	25	1.21	.284	678.27	71.40
PRINCIPAL SURGEON	8	8	5,657.49	70	7.19	.084	707.19	59.55
ASSISTANT SURGEON	3	3	559.50	18	6.50	.032	186.50	5.89
ANESTHESIOLOGIST	3	16	565.71	3	5.36	.168	188.57	5.95
OUTPATIENT SURGERY	5	9	435.71	4	8.41	.095	87.14	4.59
PRINCIPAL SURGEON	5	8	387.26	4	8.41	.084	77.45	4.08
ASSISTANT SURGEON	0	0	.00		.00	.000	.00	.00
ANESTHESIOLOGIST	1	1	48.45	4	8.45	.011	48.45	.51
DIALYSIS	0	0	.00		.00	.000	.00	.00
PATHOLOGY	9	21	885.06	4	2.15	.221	98.34	9.32
RADIOLOGY	22	25	1,417.81	5	6.71	.263	64.45	14.92
PSYCHIATRY	0	0	.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	3	19.06		6.35	.032	19.06	.20
OTHER SERVICES/ALL X-OVERS	5	7	231.89	3	3.13	.074	46.38	2.44
@PHARMACY	31	58	\$ 1,643.34	\$ 2	8.33	.611	\$ 53.01	\$ 17.30
PRESCRIPTION DRUGS	31	54	1,359.84	2	5.18	.568	43.87	14.31
SNF/ICF	0	0	.00		.00	.000	.00	.00
OUTPATIENTS	31	54	1,359.84		5.18	.568	43.87	14.31
MEDICAL SUPPLIES	2	4	283.50	7	0.88	.042	141.75	2.98
@DENTIST	4	10	\$ 212.00	\$ 2	1.20	.105	\$ 53.00	\$ 2.23
VISITS - DIAGNOSTIC	4	10	212.00	2	1.20	.105	53.00	2.23
ORAL SURGERY	0	0	.00		.00	.000	.00	.00
DRUGS	0	0	.00		.00	.000	.00	.00
ANESTHESIA	0	0	.00		.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00		.00
ENDODONTICS	0	0	.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MC	NTH-OF-PAYMENT REPO	RT FOR JAN 200	4 THRU DE	C 2004	PAGE	9,150
MOP024	FEE-FOR-SERVICE/DENTAI						03/	14/05
NEVADA COUNTY	SUMMARY OF SERVICES FO	OR MIA - NO SOC	C - PREGNANT	AID CODE 86	5			
					MON	THLY AVERAG	E	
95 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES A	VERAGE COST UN	NITS/DAYS	COST PER	COST	PER
	OD D7	VC OF CARE	-	DD TINTED /DAY T	DD DITC	HODD	DITCI	DIE

									HLY AVERA		
95 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CARE	C		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	4	16	\$	345.18	\$	21.57	.168	\$	86.30	\$	3.63
DIAGNOSTIC AND ANC. PROCED	4	4		173.78		43.45	.042		43.45		1.83
EYE APPLIANCES	4	12		171.40		14.28	.126		42.85		1.80
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	2	\$	104.99	\$	52.50	.021	\$	104.99	\$	1.11
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	3	6	\$	386.35	\$	64.39	.063	\$	128.78	\$	4.07
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00	\$	.00	.000	\$	.00	Ś	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	Ś	.00	.000	\$	.00	Ś	.00
@TOTAL HOSPITAL	65	651	Ś	66,503.35	Ś	102.16	6.853	\$	1023.13	\$	700.04
HOSP INPATIENT TOTAL	11	47		50,696.30		1078.64	.495		4608.75		533.65
HSC HOSPITALS	2	5		7,330.00		1466.00	.053		3665.00		77.16
NON-HSC HOSPITAL TOTAL	9	42		43,366.30		1032.53	.442		4818.48		456.49
ACCOMMODATIONS	9	42		14,809.84		352.62	.442		1645.54		155.89
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	9	42		14,809.84		352.62	.442		1645.54		155.89
ANCILLARIES	9	0		28,556.46		.00	.000		3172.94		300.59
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	61	604		15,807.05		26.17	6.358		259.13		166.39
MEDICAL	6	6		410.10		68.35	.063		68.35		4.32
SURGERY	3	3		48.36		16.12	.032		16.12		.51
PATHOLOGY	46	193		2,721.14		14.10	2.032		59.16		28.64
RADIOLOGY	11	12		1,242.79		103.57	.126		112.98		13.08
ROOM USE	44	87		3,062.41		35.20	.916		69.60		32.24
CROSSOVERS/ALL OTH OUTPINT	41	303		8,322.25		27.47	3.189		202.98		87.60
@COUNTY HOSPITAL TOTAL	0	0	Ś	.00	Ś	.00	.000	¢	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0	Ÿ	.00	Y	.00	.000	Y	.00	Y	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODALLONS	U	U		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	TO MON					DEC		_	
MOP024	FEE-FOR-SERVICE		KES MON	TH-OF-PAIMENT RI	EPORT	FOR JAN 2	2004 THRU	DEC	2004	E	PAGE 9,151 03/14/05
NEVADA COUNTY		JICES FOR MIA - N	10 806	_ DDECNAMO		AID CODE	0.6				03/14/03
NEVADA COUNTI	SUMMARI OF SERV	/ICES FOR MIA - N	10 500	- PREGNANI		AID CODE	M		III V ATIEDA	CE.	
95 ELIGIBLES	USERS	UNITS OF SERVICE	,	EXPENDITURES	7/1/12	RAGE COST				.GE	COST PER
95 EDIGIBLES	CNIECO	OR DAYS OF CARE		EVERNOTIONES		UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	65	651	\$	66,503.35		102.16			1023.13	Ċ	
COMM HOSP INPATIENT TOTAL	11	47	ې	50,696.30		1078.64	.495	۲	4608.75	۲	533.65
HSC HOSPITALS	2	5		7,330.00		1466.00	.053		3665.00		77.16
NON-HSC HOSPITALS TOTAL	9	42		43,366.30		1032.53	.442		4818.48		456.49
ACCOMMODATIONS	9	42		14,809.84		352.62	.442		1645.54		155.89
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE ALL OTHER ACCOM	9	42		14,809.84		352.62	.442		1645.54		155.89
	9	0		28,556.46		.00	.000		3172.94		300.59
ANCILLARIES INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	61	604		15,807.05		26.17	6.358		259.13		166.39
	6	6		·		68.35	.063		68.35		4.32
MEDICAL	3	3		410.10 48.36		16.12	.032		16.12		.51
SURGERY	46	193		2,721.14		14.10	2.032		59.16		28.64
PATHOLOGY	11	193		1,242.79		103.57	.126		112.98		13.08
RADIOLOGY	44	87				35.20	.126		69.60		32.24
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	41	303		3,062.41 8,322.25		27.47	3.189		202.98		87.60
	0	0	\$	•	\$	.00		ċ	.00	ċ	.00
@STATE HOSPITAL	0	0	ې	.00	Ą		.000	ş		Ą	
MENTALLY ILL DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	ċ	.00	Ċ	.00
	0	0	ې	.00	Ą	.00	.000	۲	.00	ې	
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		
	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE	0	0									.00
	0	•		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0	\$	.00	\$	.00	.000	ċ	.00	ċ	.00
@INTERMEDIATE CARE FACILDD	0	0	Ş		Ą			Ą		Þ	.00
ICF DDH ICF DD	0	0		.00		.00	.000		.00		.00
	0	•				.00	.000				.00
ICF DDN/DDCN	0	0	\$	.00	ċ	.00	.000	ċ	.00	خ	.00
@HEMODIALYSIS TOTAL	0	0	٧	.00	\$	.00	.000	Ą	.00	Ą	.00
HOSPITAL BASED	0	0				.00					.00
HEMODIALYSIS CENTER	· ·		ċ	.00	ċ	.00	.000	Ċ	.00	÷	.00
@REHABILITATION FACILITY HOSPITAL BASED	0	0	\$	.00	\$	.00	.000	Þ	.00	Þ	.00
HOSTIAL DASED	U	U		.00		.00	.000		.00		.00

INDEPENDENT FACILITY	0	0		.00	.0	.000	.00	.00
@LABORATORY FACILITY	14	28	\$	519.20	\$ 18.5	.295	\$ 37.09	\$ 5.47
PATHOLOGY	14	28		519.20	18.5	.295	37.09	5.47
XO AND OTHERS	0	0		.00	.0	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	14	53	\$	3,739.00	\$ 70.5	.558	\$ 267.07	\$ 39.36
CLINIC	6	40		1,356.55	33.9	.421	226.09	14.28
SURGICENTER	0	0		.00	.0	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.0	.000	.00	.00
RURAL HEALTH CLINIC	8	13		2,382.45	183.2	.137	297.81	25.08
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	RES MO	NTH-OF-PAYMENT R	EPORT FOR J	JAN 2004 THRU	DEC 2004	PAGE 9,152
MOP024	FEE-FOR-SERVICE	E/DENTAL						03/14/05
NEVADA COUNTY	SUMMARY OF SERV	VICES FOR MIA -	NO SOC	C - PREGNANT	AID C	CODE 86		
						M	ONTHLY AVERA	GE
95 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		COST UNITS/DAY		COST PER
		OR DAYS OF CAR			PER UNIT/			ELIGIBLE
@ALL OTHER PROVIDERS	10	64	\$	993.99	\$ 15.5			\$ 10.46
DURABLE MED. EQUIP.	0	0		.00	.0		.00	.00
BLOOD BANK	0	0		.00	.0		.00	.00
HEARING AID DISPENSERS	0	0		.00	.0		.00	.00
MEDICAL TRANSPORTATION	2	53		419.07	7.9		209.54	4.41
AMBULANCES/AIR TRANS	2	53		419.07	7.9		209.54	4.41
OTHER TRANS	0	0		.00	.0		.00	.00
OTHER SERVICES	0	0		.00	.0		.00	.00
ACUPUNCTURE	0	0		.00	. 0		.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.0		.00	.00
GENETIC DISEASE TESTING	5	5		525.00	105.0		105.00	5.53
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.0		.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.0		.00	.00
OPTICIAN	3	6		49.92	8.3		16.64	.53
PHYSICAL THERAPIST	0	0		.00	.0		.00	.00
PORTABLE X-RAY	O .	0		.00	.0		.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.0		.00	.00
PROSTHETICS	0	0		.00	.0		.00	.00
ORTHOTICS	O .	•		.00	.0		.00	.00
PSYCHOLOGIST	0	0		.00	.0		.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.0		.00	.00
HOSPICE SERVICES	0	•		.00	.0		.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.0		.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.0		.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.0		.00	.00
RESPIRATORY CARE PRACT.	0	•		.00	.0		.00	.00
PED SUBACUTE REHAB/WEANING	O	0		.00	.0	.000	.00	.00

0

ALL OTHER PROVIDERS

@CALIF. CHILDREN SERVICES\*

@XOVER EXCLUDING STATE HOSP\*\*

.00

.00

2,980.00 \$ 1490.00

\$

.00

.00

.000

.000 \$

0

.00

.00 \$

.021 \$ 2980.00 \$

.00

31.37

.00

						MO	NTHLY AVERA	GE	
95 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVER.	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	130	1,042	\$ 88,070.68	\$	84.52	10.968	\$ 677.47	\$	927.06
@PHYSICIANS SERVICES	53	154	\$ 13,623.28	\$	88.46	1.621	\$ 257.04	\$	143.40

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,153
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

OUTPATIENT VISITS	27	35	2,225.82	63.59	.368	82.44	23.43
OFFICE VISITS	13	15	712.88	47.53	.158	54.84	7.50
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	7	8	404.30	50.54	.084	57.76	4.26
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	11	12	1,108.64	92.39	.126	100.79	11.67
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	11	27	1,625.23	60.19	.284	147.75	17.11
HOSPITAL VISITS	10	22	943.51	42.89	.232	94.35	9.93
CRITICAL CARE	1	5	681.72	136.34	.053	681.72	7.18
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	10	27	6,782.70	251.21	.284	678.27	71.40
PRINCIPAL SURGEON	8	8	5,657.49	707.19	.084	707.19	59.55
ASSISTANT SURGEON	3	3	559.50	186.50	.032	186.50	5.89
ANESTHESIOLOGIST	3	16	565.71	35.36	.168	188.57	5.95
OUTPATIENT SURGERY	5	9	435.71	48.41	.095	87.14	4.59
PRINCIPAL SURGEON	5	8	387.26	48.41	.084	77.45	4.08
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	1	48.45	48.45	.011	48.45	.51
DIALYSIS	•	0 21	.00	.00	.000	.00	.00
PATHOLOGY	9 22	25	885.06	42.15	.221	98.34	9.32
RADIOLOGY	0	25	1,417.81	56.71 .00	.263	64.45	14.92
PSYCHIATRY IMMUNIZATION AND INJECTION	1	3	.00			.00	
	5	3 7	19.06 231.89	6.35	.032	19.06	.20
OTHER SERVICES/ALL X-OVERS	31	, 58 \$	1,643.34	33.13 \$ 28.33	.074 .611 \$	46.38 53.01	2.44 \$ 17.30
@PHARMACY PRESCRIPTION DRUGS	31	૦૪ ર 54	1,043.34	۶ 28.33 25.18	.568	43.87	14.31
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	31	54	1,359.84	25.18	.568	43.87	14.31
MEDICAL SUPPLIES	2	4	283.50	70.88	.042	141.75	2.98
@DENTIST	Δ	10 \$	212.00	\$ 21.20	.105 \$		
VISITS - DIAGNOSTIC	4	10	212.00	21.20	.105	53.00	2.23
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MO	NTH-OF-PAYMENT R	EPORT FOR JAN 2	2004 THRU DE	C 2004	
MOP024	FEE-FOR-SERVICE/						03/14/05
NEVADA COUNTY	SUMMARY OF SERVI	CES FOR MIA - NO SOC	C - TOTAL				
					MON	THLY AVERA	GE
95 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				
		OR DAYS OF CARE		PER UNIT/DAY			
@OPTOMETRIST	4	16 \$			.168 \$	86.30	
DIAGNOSTIC AND ANC. PROCED	4	4	173.78	43.45	.042	43.45	1.83

EYE APPLIANCES	4	12	171.40	14.28	.126	42.85	1.80
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	2	\$ 104.99	\$ 52.50	.021	\$ 104.99	\$ 1.11
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	3	6	\$ 386.35	\$ 64.39	.063	\$ 128.78	\$ 4.07
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	65	651	\$ ,	\$ 102.16		\$ 	\$ 700.04
HOSP INPATIENT TOTAL	11	47	50,696.30	1078.64	.495	4608.75	533.65
HSC HOSPITALS	2	5	7,330.00	1466.00	.053	3665.00	77.16
NON-HSC HOSPITAL TOTAL	9	42	43,366.30	1032.53	.442	4818.48	456.49
ACCOMMODATIONS	9	42	14,809.84	352.62	.442	1645.54	155.89
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	42	14,809.84	352.62	.442	1645.54	155.89
ANCILLARIES	9	0	28 <b>,</b> 556.46	.00	.000	3172.94	300.59
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	61	604	15,807.05	26.17	6.358	259.13	166.39
MEDICAL	6	6	410.10	68.35	.063	68.35	4.32
SURGERY	3	3	48.36	16.12	.032	16.12	.51
PATHOLOGY	46	193	2 <b>,</b> 721.14	14.10	2.032	59.16	28.64
RADIOLOGY	11	12	1,242.79	103.57	.126	112.98	13.08
ROOM USE	44	87	3,062.41	35.20	.916	69.60	32.24

CROSSOVERS/ALL OTH OUTPTNT	41	303	8,322.25	27.4	7 3.189	202.98	8	7.60
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	) \$ .0	0 .000	\$ .00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.0	0 .000	.00		.00
HSC HOSPITALS	0	0	.00	.0	0 .000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.0	0 .000	.00		.00
ACCOMMODATIONS	0	0	.00	.0	0 .000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.0	0 .000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.0	0 .000	.00		.00
ALL OTHER ACCOM	0	0	.00	.0	0 .000	.00		.00
ANCILLARIES	0	0	.00	.0	0 .000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.0	0 .000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.0	0 .000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.0	0 .000	.00		.00
MEDICAL	0	0	.00	.0	0 .000	.00		.00
SURGERY	0	0	.00	.0	0 .000	.00		.00
PATHOLOGY	0	0	.00	.0	0 .000	.00		.00
RADIOLOGY	0	0	.00	.0	0 .000	.00		.00
ROOM USE	0	0	.00	.0	0 .000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.0	0 .000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURE	S MONTH-OF-PAYMENT	REPORT FOR J	AN 2004 THRU	DEC 2004	PAGE	9,155
MOP024	FEE-FOR-SERVICE/DENT	AL					03	/14/05
NEVADA COUNTY	SUMMARY OF SERVICES	FOR MIA - NO	SOC - TOTAL					

95 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS
ALL OTHER INPATIENT 604 6 .00 .00 .000 .000 .000 15,807.05 26.17 6.358 259.13 410.10 68.35 .063 68.35 16.12 61 166.39 COMM HOSP OUTPATIENT TOTAL 68.35 4.32 MEDICAL 48.36 16.12 .032 16.12 2,721.14 14.10 2.032 59.16 1,242.79 103.57 .126 112.98 3 193 12 3 SURGERY .51 46 PATHOLOGY 28.64 11 RADIOLOGY .916 69.60 3 189 202.98 87 303 3,062.41 8,322.25 35.20 32.24 ROOM USE 41 CROSSOVERS/ALL OTH OUTPTNT 27.47 3.189 87.60 0 .000 \$ .00 \$ 0 .00 \$ .00 @STATE HOSPITAL .00 .000 .00 .00 MENTALLY ILL 0 .00 .00 .00 .000 DEVELOP. DISABLED 0 . 00 .00 \$ .00 .000 \$ .00 \$ @NURSING FACILITY .00 .00 LEV A-INTERMEDIATE .00 .000 .00 .00 .00 .00 LEV B-REHAB MD .000 . 00 .00 .00 .000 LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED .00 .00 .000 .00 .00 .00 .00 LEV B-TRANSITIONAL IP CARE .000 . 00 .00 .00 .000 .00 LEV B-REGULAR .00 \$ 0 0 @INTERMEDIATE CARE FACIL.-DD .00 .000 \$ .00 \$ .00 .00 .00 .00 ICF DDH .000 .00 ICF DD .00 .00 .000 .00

ICF DDN/DDCN	0	0	.00	)	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	) \$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	.00	)	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.00	)	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$ .00	) \$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	.00	)	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	.00	)	.00	.000		.00		.00
@LABORATORY FACILITY	14	28	\$ 519.20	) \$	18.54	.295	\$	37.09	\$	5.47
PATHOLOGY	14	28	519.20	)	18.54	.295		37.09		5.47
XO AND OTHERS	0	0	.00	)	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	14	53	\$ 3,739.00	) \$	70.55	.558	\$	267.07	\$	39.36
CLINIC	6	40	1,356.55	5	33.91	.421		226.09		14.28
SURGICENTER	0	0	.00	)	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	.00	)	.00	.000		.00		.00
RURAL HEALTH CLINIC	8	13	2,382.45	5	183.27	.137		297.81		25.08
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURE:	S MONTH-OF-PAYMENT	REPORT	FOR JAN 200	4 THRU	DEC	2004	PA	GE 9,156
MOP024	FEE-FOR-SERVICE/DENTAL									03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR	MIA - NO	SOC - TOTAL							

AVERAGE COST UNITS/DAYS COST PER 95 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 10 64 993.99 15.53 .674 \$ 99.40 \$ 10.46 DURABLE MED. EQUIP. 0 .00 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS 0 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION 53 419.07 7.91 .558 209.54 419.07 7.91 209.54 AMBULANCES/AIR TRANS .558 .00 .00 OTHER TRANS .00 .000 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 525.00 105.00 .053 105.00 5.53 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 49.92 8.32 .53 OPTICIAN .063 16.64 PHYSICAL THERAPIST .00 .00 .000 .00 .00 .00 PORTABLE X-RAY .00 .000 .00 .00 .00 PROSTHETIST/ORTHOTISTS .00 .000 .00 .00 .00 .00 PROSTHETICS .000 .00 ORTHOTICS .00 .00 .000 .00 .00 .00 .00 .00 PSYCHOLOGIST .000 .00 .00 .00 SPEECH AND AUDIOLOGY .000 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 .00 .00 NONINST BIRTHING CENTERS .000 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .000 .00 .00 .00 RESPIRATORY CARE PRACT. .000 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 ALL OTHER PROVIDERS .00 .00 .000 .00 .00 .021 \$ 2980.00 \$ @CALIF. CHILDREN SERVICES\* 2,980.00 \$ 1490.00 31.37 .00 \$ @XOVER EXCLUDING STATE HOSP\*\* .00 \$ .00 .000 \$ .00

----- MONTHLY AVERAGE -----

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

FEE-FOR-SERVICE/DENTAL

MOP024

03/14/05

NEVADA COUNTY	SUMMARY OF SERV	/ICES FOR MIA - SOC - :	LTC	AID CODE	53		
					MON'	THLY AVERA	GE
19 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	24	1,124 \$	65,550.60	\$ 58.32	59.158 \$		\$ 3450.03
@PHYSICIANS SERVICES	6	9 \$	176.11	\$ 19.57	.474 \$	29.35	\$ 9.27
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
	0	0					
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	U	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	U	U	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	5	7	132.05	18.86	.368	26.41	6.95
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	5	7	132.05	18.86	.368	26.41	6.95
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	1	1	20.76	20.76	.053	20.76	1.09
RADIOLOGY	0	0					
PSYCHIATRY	0	-	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION		0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	23.30	23.30	.053	23.30	1.23
@PHARMACY	14	103 \$	7,027.92	\$ 68.23	5.421 \$	501.99	·
PRESCRIPTION DRUGS	13	101	7,020.92	69.51	5.316	540.07	369.52
SNF/ICF	10	96	6,763.76	70.46	5.053	676.38	355.99
OUTPATIENTS	3	5	257.16	51.43	.263	85.72	13.53
MEDICAL SUPPLIES	1	2	7.00	3.50	.105	7.00	.37
@DENTIST	2	2 \$	25.00	\$ 12.50	.105 \$	12.50	
VISITS - DIAGNOSTIC	2	2	25.00	12.50	.105	12.50	1.32
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	•	CES AND EXPENDITURES MO					PAGE 9,158
MODO24	MEDI-CAL SERVIC		MIN OF TATRENT KI	TION TON OAN A	TOOA THING DE	2001	PAGE 9,130

NEVADA COUNTY	SUMMARY OF SERVICES FOR	MIA - S	JC -	LTC		AID CODE				~-	
							MO			GE	
19 ELIGIBLES		' SERVICE		EXPENDITURES		RAGE COST					COST PER
	OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1	1	\$	47.45	\$	47.45	.053	\$	47.45	\$	2.50
DIAGNOSTIC AND ANC. PROCED	1	1		47.45		47.45	.053		47.45		2.50
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	Ö		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	s	.00	.000	Ċ	.00	\$	.00
MEDICINE/INJECTIONS	0	0	Ÿ	.00	Ÿ	.00	.000	Ÿ	.00	Y	.00
	0	0									
SURGERY/ANES.	0	-		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	ũ .	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000		.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	3	13	\$	277.37	\$	21.34	.684	\$	92.46	\$	14.60
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	Ö		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0									
TRANSITIONAL IP CARE	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	ů,	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3	13		277.37		21.34	.684		92.46		14.60
MEDICAL	2	2		69.95		34.98	.105		34.98		3.68
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	7		85.47		12.21	.368		42.74		4.50
RADIOLOGY	1	1		44.83		44.83	.053		44.83		2.36
ROOM USE	1	1		49.77		49.77	.053		49.77		2.62
CROSSOVERS/ALL OTH OUTPTNT	1	2		27.35		13.68	.105		27.35		1.44
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0	7	.00	7	.00	.000	7	.00	т	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
	0	0									
ACCOMMODATIONS	ů,	-		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	Ö		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
ROOFI ODD	Ŭ	J		.00		• • • •	.000		• 0 0		• • • •

03/14/05

FEE-FOR-SERVICE/DENTAL

MOP024

NEVADA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53

NEVADA COONII	SOMMANT OF SERV	VICES FOR	LITT	DOC	штс			AID CODE	55				
									Mo	TNC	HLY AVERA	.GE	
19 ELIGIBLES	USERS	UNITS OF	SERVIC	E	EX	PENDITURES	AVE	RAGE COST	UNITS/DAY	3	COST PER		COST PER
		OR DAYS	OF CAR	Œ			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3		13	\$		277.37	\$	21.34	.684	\$	92.46	\$	14.60
COMM HOSP INPATIENT TOTAL	0		0			.00		.00	.000		.00		.00
HSC HOSPITALS	0		0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0			.00		.00	.000		.00		.00
ANCILLARIES	0		0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0			.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	3		13			277.37		21.34	.684		92.46		14.60
MEDICAL	2		2			69.95		34.98	.105		34.98		3.68
SURGERY	0		0			.00		.00	.000		.00		.00
PATHOLOGY	2		7			85.47		12.21	.368		42.74		4.50
RADIOLOGY	1		1			44.83		44.83	.053		44.83		2.36
ROOM USE	1		1			49.77		49.77	.053		49.77		2.62
CROSSOVERS/ALL OTH OUTPTNT	1		2			27.35		13.68	.105		27.35		1.44
@STATE HOSPITAL	0		0	\$		.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0		0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0			.00		.00	.000		.00		.00
@NURSING FACILITY	14		514	\$		56,515.14	\$	109.95	27.053	\$	4036.80	\$	2974.48
LEV A-INTERMEDIATE	0		0			.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0			.00		.00	.000		.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	14	514		56,515.14		109.95 2	7.053		4036.80		2974.48
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	7	10	\$	109.56	\$	10.96	.526	\$	15.65	\$	5.77
PATHOLOGY	7	10		109.56		10.96	.526		15.65		5.77
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURE	S MONTH-OF	-PAYMENT	REPORT	FOR JAN 2004	THRU	DEC	2004	P	AGE 9,160
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR	R MIA - SC	C - LTC			AID CODE 53					

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 19 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 5 472 \$ 2.91 24.842 \$ 274.41 \$ 72.21 1,372.05 0 .00 DURABLE MED. EQUIP. 0 .00 .00 .000 .00 BLOOD BANK 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS 0 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION 472 1,372.05 2.91 24.842 274.41 72.21 AMBULANCES/AIR TRANS 84 627.95 7.48 4.421 209.32 33.05 OTHER TRANS 388 744.10 1.92 20.421 372.05 39.16 .00 0 .00 .000 .00 .00 OTHER SERVICES ACUPUNCTURE 0 .00 .00 .000 .00 .00 .000 .00 ADULT DAY HEALTH CARE CTR .00 .00 .00 .00 .00 .00 GENETIC DISEASE TESTING .000 .00 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 .00 .00 .00 .00 OPTICIAN .000 PHYSICAL THERAPIST .00 .00 .000 .00 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 .000 .00 PROSTHETIST/ORTHOTISTS PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 .00 .00 PSYCHOLOGIST .000 SPEECH AND AUDIOLOGY .00 .00 .00 .00 .000 HOSPICE SERVICES .00 .00 .00 .000 .00 NONINST BIRTHING CENTERS .00 .00 .00 .000 LOCAL EDUCATION AGENCIES .00 .00 .00 .00 .000 .00 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .000 .00 .00 .00 .00 RESPIRATORY CARE PRACT. .000 PED SUBACUTE REHAB/WEANING 0 .00 .00 .000 .00 .00 0 ALL OTHER PROVIDERS .00 .00 .000 .00 .00 @CALIF. CHILDREN SERVICES\* .00 \$ .00 .000 \$ .00 \$ .00

@XOVER EXCLUDING STATE HOSP\*\* 2 2 \$ 69.30 \$ 34.65 \$ 34.65 \$ 3.65 @\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

03/14/05

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,161 MOP024 FEE-FOR-SERVICE/DENTAL

NEVADA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

NEVADA COUNTI	SUMMARI OF SERV	VICES FOR MIA - SOC -	PREGNANI	AID CODE			
00 51 5055 50					MONT		
02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	2	OR DAYS OF CARE	100 77	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	3	5 \$	198.77	\$ 39.75	2.500 \$		\$ 99.39
@PHYSICIANS SERVICES	1	1 \$	37.73	\$ 37.73	.500 \$		\$ 18.87
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	37.73	37.73	.500	37.73	18.87
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

.00 .00 MAXILLOFACIAL SERVICES 0 0 .000 .00 .00 .00 0 0 FRACTURES, DISLOCATIONS .00 .00 .000 .00 .00 ORTHODONTIC SERVICES 0 0 .00 .00 .000 .00 0 .00 .00 .00 ALL OTHER SERVICES 0 .00 .000 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,162

03/14/05

FEE-FOR-SERVICE/DENTAL NEVADA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

MOP024

NEVADA COUNTY	SUMMARY OF SER	VICES FOR MIA	50	C -	PREGNANT		AID CODE					
								M			GE.	
02 ELIGIBLES	USERS	UNITS OF SER			EXPENDITURES			UNITS/DAY	S			COST PER
		OR DAYS OF	CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0			\$	.00	Ś	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0			\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0			\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0	¢	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	¢	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0		4	ć	161.04	ć	40.26	2.000	Ś	80.52	Ś	80.52
HOSP INPATIENT TOTAL	0		0	Ų	.00	۲	.00	.000	ې	.00	ې	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0				.00			.00		.00
	0		0		.00			.000				
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		-		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2		4		161.04		40.26	2.000		80.52		80.52
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	1		1		58.41		58.41	.500		58.41		29.21
ROOM USE	2		3		102.63		34.21	1.500		51.32		51.32
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0			\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU D	EC 2004	PAGE 9,163
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES F	OR MIA - SOC	- PREGNANT	AID CODE	87		

----- MONTHLY AVERAGE -----02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 161.04 40.26 2.000 \$ 80.52 \$ 80.52 COMM HOSP INPATIENT TOTAL 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 NON-HSC HOSPITALS TOTAL .00 .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 ANCILLARIES .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .000 .00 .00 .00 .00 .000 .00 ALL OTHER INPATIENT .00 COMM HOSP OUTPATIENT TOTAL 161.04 40.26 2.000 80.52 80.52 .00 .00 .00 .00 MEDICAL .000 SURGERY .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 PATHOLOGY RADIOLOGY 58.41 58.41 .500 58.41 29.21 34.21 ROOM USE 102.63 1.500 51.32 51.32 0 .00 .00 CROSSOVERS/ALL OTH OUTPINT .00 .000 .00 0 .00 .00 .00 \$ @STATE HOSPITAL .000 \$ .00 .00 MENTALLY ILL .00 .00 .000 .00 DEVELOP. DISABLED .00 .00 .000 .00 .00 .00 .00 .00 .000 \$ .00 @NURSING FACILITY LEV A-INTERMEDIATE .00 .00 .000 .00 .00 LEV B-REHAB MD .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED .00 .00 .000 .00 .00 LEV B-TRANSITIONAL IP CARE .00 .00 .000 .00 .00 0 .00 .00 .00 .000 .00 LEV B-REGULAR 0 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 .00 \$ .00 0 ICF DDH .00 .00 .000 .00 .00 0 .00 .00 ICF DD .00 .000 .00 ICF DDN/DDCN 0 .00 .00 .000 .00 .00 @HEMODIALYSIS TOTAL .00 .00 .000 \$ .00 \$ . 00 HOSPITAL BASED .00 .00 .000 .00 .00 0 .00 HEMODIALYSIS CENTER .00 .000 .00 .00 @REHABILITATION FACILITY Ω .00 .00 .000 .00 \$ . 00 0 .00 .00 .00 .000 .00 HOSPITAL BASED 0 .00 .00 .00 INDEPENDENT FACILITY .000 .00 @LABORATORY FACILITY .00 .00 .000 .00 S . 00 .00 .00 .00 .000 .00 PATHOLOGY 0 .00 .00 XO AND OTHERS .00 .000 .00 0 .00 .00 \$ @ORGANIZED OUTPATIENT CLINIC .00 .000 Ś .00 CLINIC .00 .00 .000 .00 .00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 200	4 THRU DE	C 2004	PAGE 9,164
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES F	OR MIA - SOC	- PREGNANT	AID CODE 87			

112111111111111111111111111111111111111	001111111111111111111111111111111111111	11020 1011 11111 000		1110 0000	0 /		
					MON	THLY AVERAC	GE
02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.0	)	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.0	)	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.0	)	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.0	)	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.0	)	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .0	) \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .0	) \$	.00

 $<sup>\</sup>ensuremath{\text{@}}\star$  totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,165
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

NEVADA COUNTI	SUMMAKI OF SEK	VICES FOR MIA - SOC	- IOIAL		14017		<b>C T</b>
01					MON		
21 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
_		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	27	1,129 \$	65,749.37	\$ 58.24	53.762 \$		\$ 3130.92
@PHYSICIANS SERVICES	7	10 \$	213.84	\$ 21.38	.476 \$		•
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	5	7	132.05	18.86	.333	26.41	6.29
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	5	7	132.05	18.86	.333	26.41	6.29
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	2	58.49	29.25	.095	29.25	2.79
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	23.30	23.30	.048	23.30	1.11
@PHARMACY	14	103 \$	7,027.92	\$ 68.23	4.905 \$		
PRESCRIPTION DRUGS	13	101	7,020.92	69.51	4.810	540.07	334.33
SNF/ICF	10	96	6,763.76	70.46	4.571	676.38	322.08
OUTPATIENTS	3	5	257.16	51.43	.238	85.72	12.25
MEDICAL SUPPLIES	1	2	7.00	3.50	.095	7.00	.33
@DENTIST	2	_ 2	25.00	\$ 12.50	.095 \$		
VISITS - DIAGNOSTIC	2	2	25.00	12.50	.095	12.50	1.19
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
111110111	O	O	• 0 0	. 00	.000	. 00	. 00

PERIODONTICS	0	0	.00	.00	.000	.00		.00
ENDODONTICS	0	0	.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU D	EC 2004	PAGE	9,166
MOP024	FEE-FOR-SERVICE/DENT	AL					03/	/14/05
NEVADA COUNTY	SUMMARY OF SERVICES	FOR MIA - SOC	- TOTAL					

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 21 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER USER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE @OPTOMETRIST 1 1 47.45 47.45 .048 \$ 47.45 \$ 2.26 2.26 DIAGNOSTIC AND ANC. PROCED 1 1 47.45 47.45 .048 47.45 EYE APPLIANCES 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 @CHIROPRACTOR .00 \$ .00 .000 \$ .00 \$ .00 VISITS .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 0 .00 .00 .00 @PODIATRIST .000 .00 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 0 .00 SURGERY/ANES. .00 .00 .000 .00 RADIO./PATHOLOGY 0 .00 .00 .00 .00 .000 0 OTHER .00 .00 .000 .00 .00 0 .00 .00 .00 @HOME HEALTH AGENCY .000 .00 0 NURSE ANESTHESIST .00 .00 .000 .00 .00 0 .00 .00 NURSE MIDWIFE .00 .000 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 0 FAMILY NURSE PRACTITIONER .00 \$ .00 .000 .00 .00 @TOTAL HOSPITAL 438.41 25.79 .810 87.68 20.88 0 .00 .00 .00 .000 .00 HOSP INPATIENT TOTAL HSC HOSPITALS 0 .00 .00 .000 .00 .00 0 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .00 .000 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 ALL OTHER INPATIENT .00 .000 .00 17 HOSP OUTPATIENT TOTAL 438.41 25.79 .810 87.68 20.88 MEDICAL 69.95 34.98 .095 34.98 3.33 SURGERY .00 .00 .000 .00 .00 7 85.47 12.21 42.74 PATHOLOGY .333 4.07 RADIOLOGY 103.24 51.62 .095 51.62 4.92 50.80 ROOM USE 152.40 38.10 .190 7.26 27.35 13.68 27.35 CROSSOVERS/ALL OTH OUTPTNT .095 1.30 @COUNTY HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 CO HOSPITAL INPATIENT TOTAL .00 .00 HSC HOSPITALS .00 .000 .00 0 .00 .00 NON-HSC HOSPITALS TOTAL .00 .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00

MOP024	FEE-FOR-SERVICE/DENT	AL					03/14/05
MOP024			HOWIN OF THIRDNE KELOKI	ION OAN Z	OUI IIINO DEC	, 2001	03/14/05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITIBES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	004 THRU DEC	2004	PAGE 9,167
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00

NEVADA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL ----- MONTHLY AVERAGE -----OR DAYS OF CARE

OR DAYS OF CARE

17 \$ 438.41 \$ 25.79 \$10 \$ 07.00 \$ 21 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER @COMMUNITY HOSPITAL TOTAL ΛŃ 0 0.0 000 COMM HOCD INDAMERNM MOMAT Λ

COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	17	438.41	25.79	.810	87.68	20.88
MEDICAL	2	2	69.95	34.98	.095	34.98	3.33
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	7	85.47	12.21	.333	42.74	4.07
RADIOLOGY	2	2	103.24	51.62	.095	51.62	4.92
ROOM USE	3	4	152.40	38.10	.190	50.80	7.26
CROSSOVERS/ALL OTH OUTPINT	1	2	27.35	13.68	.095	27.35	1.30
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	14	514	\$ 56,515.14	\$ 109.95	24.476	\$ 4036.80	\$ 2691.20
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	14	514	56,515.14	109.95	24.476	4036.80	2691.20
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	7	10	109.56	\$	10.96	.476	\$ 15.65	\$	5.22
PATHOLOGY	7	10	109.56		10.96	.476	15.65		5.22
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	.00	\$	.00	.000	\$ .00	\$	.00
CLINIC	0	0	.00		.00	.000	.00		.00
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURE:	S MONTH-OF-PAYMENT F	REPORT	FOR JAN 2	2004 THRU	DEC 2004	PAGE	9,168
MOP024	FEE-FOR-SERVICE/DENT	AL						0.3	3/14/05
NEVADA COUNTY	SUMMARY OF SERVICES	FOR MIA - SO	C - TOTAL						
						M	ONTHLY AVERA	GE	

21 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE 472 \$ 2.91 22.476 \$ 274.41 \$ 65.34 @ALL OTHER PROVIDERS 1,372.05 \$ DURABLE MED. EOUIP. Ω Ω .00 .00 .000 .00 .00 BLOOD BANK 0 .00 .00 .000 .00 .00 .00 .00 HEARING AID DISPENSERS 0 .00 .000 .00 472 1,372.05 2.91 274.41 MEDICAL TRANSPORTATION 22.476 65.34 29.90 AMBULANCES/AIR TRANS 3 84 627.95 7.48 4.000 209.32 OTHER TRANS 388 744.10 1.92 18.476 372.05 35.43 OTHER SERVICES 0 .00 .00 .000 .00 .00 .00 0 .00 ACUPUNCTURE .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .000 .00 .00 .00 .00 .00 OCCUPATIONAL THERAPIST .000 .00 .00 OPTICIAN .00 .000 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .000 PROSTHETIST/ORTHOTISTS .00 .00 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 PSYCHOLOGIST SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .00 HOSPICE SERVICES .00 .000 .00 .00 .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 RESPIRATORY CARE PRACT. 0 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 .00 ALL OTHER PROVIDERS 0 .00 .00 .000 .00 .00 \$ @CALIF. CHILDREN SERVICES\* .00 \$ .00 .000 \$ .00 @XOVER EXCLUDING STATE HOSP\*\* 2 69.30 \$ 34.65 .095 \$ 34.65 \$ 3.30

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,169
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

MONIMITY ATTENACE

							M(		UTI YAFVY	U.C.	
00 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVEF	RAGE COST	UNITS/DAYS	3 (	COST PER		COST PER
		OR DAYS OF CAR	Ξ		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@PHYSICIANS SERVICES	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT RI	EPORT FOR JAN	2004 THRU DE	C 2004	PAGE 9,170
MOP024	FEE-FOR-SERVICE/DE	NTAL					03/14/05
NEVADA COUNTY	SUMMARY OF SERVICE:	S FOR FOR FUTURE	USE				
					MON'	THLY AVERAGI	E

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVER	AGE COST	UNITS/DAY	S	COST PER	.GE	COST PER
00 221012220	002110	OR DAYS OF CARE	2111 2113 1 1 01120		UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$	.00	.000		.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00

CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00 \$	.00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2004 THRU DEC 2	2004	PAGE 9,171
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR	FOR FUTURE	USE				
					MONTHI	V ATTEDAC	·F

					MON'	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-OF	F-PAYMENT R	EPORT	FOR JAN 2	2004 THRU	DEC	2004	PAGE	9,172
MOP024	FEE-FOR-SERVICE/DENTAL	ı								03	/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FO	R FOR FUTU	RE USE								

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .00 \$ @ALL OTHER PROVIDERS 0 0 .00 .00 .000 \$ .00 DURABLE MED. EQUIP. 0 .00 .00 .000 .00 .00 .00 .00 .00 BLOOD BANK 0 .000 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 .00 .00 .00 AMBULANCES/AIR TRANS .000 .00 .00 .00 .00 OTHER TRANS .000 .00 .00 OTHER SERVICES .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 OPTICIAN PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .000 .00 .00 .00 .000 .00 .00 PROSTHETICS ORTHOTICS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 PSYCHOLOGIST SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 .00 .00 .00 RESPIRATORY CARE PRACT. .000 .000 PED SUBACUTE REHAB/WEANING .00 .00 .00 .00 ALL OTHER PROVIDERS .00 .00 .00 .000 .00 @CALIF. CHILDREN SERVICES\* .00 .00 .000 \$ .00 .00 \$ \$ .000 \$ .00 \$ @XOVER EXCLUDING STATE HOSP\*\* .00 .00 .00

----- MONTHLY AVERAGE -----

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024

					MON'	THLY AVERAG	GE
116 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	157	2 <b>,</b> 171 \$	153,820.05	\$ 70.85	18.716 \$		\$ 1326.03
@PHYSICIANS SERVICES	60	164 \$	13,837.12	\$ 84.37	1.414 \$	230.62	\$ 119.29
OUTPATIENT VISITS	27	35	2,225.82	63.59	.302	82.44	19.19
OFFICE VISITS	13	15	712.88	47.53	.129	54.84	6.15
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	7	8	404.30	50.54	.069	57.76	3.49
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	11	12	1,108.64	92.39	.103	100.79	9.56
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	16	34	1,757.28	51.68	.293	109.83	15.15
HOSPITAL VISITS	10	22	943.51	42.89	.190	94.35	8.13
CRITICAL CARE	1	5	681.72	136.34	.043	681.72	5.88
SNF/ICF/TRANS IP CARE	5	7	132.05	18.86	.060	26.41	1.14
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	10	27	6,782.70	251.21	.233	678.27	58.47
PRINCIPAL SURGEON	8	8	5,657.49	707.19	.069	707.19	48.77
ASSISTANT SURGEON	3	3	559.50	186.50	.026	186.50	4.82
ANESTHESIOLOGIST	3	16	565.71	35.36	.138	188.57	4.88
OUTPATIENT SURGERY	5	9	435.71	48.41	.078	87.14	3.76
PRINCIPAL SURGEON	5	8	387.26	48.41	.069	77.45	3.34
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	1	48.45	48.45	.009	48.45	.42
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	9	21	885.06	42.15	.181	98.34	7.63
RADIOLOGY	24	27	1,476.30	54.68	.233	61.51	12.73
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	3	19.06	6.35	.026	19.06	.16
OTHER SERVICES/ALL X-OVERS	6	8	255.19	31.90	.069	42.53	2.20
@PHARMACY	45	161 \$	8,671.26	\$ 53.86	1.388 \$		\$ 74.75
PRESCRIPTION DRUGS	44	155	8,380.76	54.07	1.336	190.47	72.25
SNF/ICF	10	96	6,763.76	70.46	.828	676.38	58.31
OUTPATIENTS	34	59	1,617.00	27.41	.509	47.56	13.94
MEDICAL SUPPLIES	3	6	290.50	48.42	.052	96.83	2.50
@DENTIST	6	12 \$	237.00	\$ 19.75	.103 \$		
VISITS - DIAGNOSTIC	6	12	237.00	19.75	.103	39.50	2.04
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	Ō	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	•	CES AND EXPENDITURES MON					PAGE 9,174
MODOO4	FEE FOR CERVICE		0				02/14/05

03/14/05

FEE-FOR-SERVICE/DENTAL

NEVADA COUNTI	SOMMAN OF SERV	TCES FOR	HUDICALL	T TINDI	GENI ADODI		OIAL					
										HLY AVERA	_	
116 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURE	-		UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			E	PER UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	5		17	\$	392.6	3 \$	23.10	.147	\$	78.53	\$	3.38
DIAGNOSTIC AND ANC. PROCED	5		5		221.2	:3	44.25	.043		44.25		1.91
EYE APPLIANCES	4		12		171.4	. 0	14.28	.103		42.85		1.48
OTHER OPTOMETRIC SERVICES	0		0		.0	0	.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$	.0	0 \$	.00	.000	\$	.00	\$	.00
VISITS	0		0		.0	0	.00	.000		.00		.00
OTHER SERVICES	0		0		.0	0	.00	.000		.00		.00
@PODIATRIST	0		0	\$	.0	0 \$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0		.0	0	.00	.000		.00		.00
SURGERY/ANES.	0		0		.0	0	.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.0	0	.00	.000		.00		.00
OTHER	0		0		.0	0	.00	.000		.00		.00
@HOME HEALTH AGENCY	1		2	\$	104.9	9 \$	52.50	.017	\$	104.99	\$	.91
NURSE ANESTHESIST	0		0	\$	.0	0 \$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	3		6	\$	386.3	5 \$	64.39	.052	\$	128.78	\$	3.33
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.0	0 \$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$	.0	0 \$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	70		668	\$	66,941.7	6 \$	100.21	5.759	\$	956.31	\$	577.08
HOSP INPATIENT TOTAL	11		47		50,696.3	0	1078.64	.405		4608.75		437.04
HSC HOSPITALS	2		5		7,330.0	0	1466.00	.043		3665.00		63.19
NON-HSC HOSPITAL TOTAL	9		42		43,366.3	0	1032.53	.362		4818.48		373.85
ACCOMMODATIONS	9		42		14,809.8	4	352.62	.362		1645.54		127.67
ADMINISTRATIVE DAYS	0		0		.0	0	.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.0	0	.00	.000		.00		.00
ALL OTHER ACCOM	9		42		14,809.8	4	352.62	.362		1645.54		127.67
ANCILLARIES	9		0		28,556.4	6	.00	.000		3172.94		246.18
INPATIENT CROSSOVERS	0		0		.0		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.0	0	.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	66	621	1	6,245.46	2	6.16	5.353	246.14		140.05
MEDICAL	8	8		480.05	6	0.01	.069	60.01		4.14
SURGERY	3	3		48.36	1	6.12	.026	16.12		.42
PATHOLOGY	48	200		2,806.61	1	4.03	1.724	58.47		24.19
RADIOLOGY	13	14		1,346.03	9	6.15	.121	103.54		11.60
ROOM USE	47	91		3,214.81	3	5.33	.784	68.40		27.71
CROSSOVERS/ALL OTH OUTPINT	42	305		8,349.60	2	7.38	2.629	198.80		71.98
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR	ES MONTH-OF-	PAYMENT RE	EPORT FO	R JAN	2004 THRU	DEC 2004	PAG	,
MOP024	FEE-FOR-SERVICE/DENTAL									03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR	MEDICAL:	LY INDIGENT	- ADULTS -	- TOTAL					

NEVADA COUNTI	DOMINANT OF DERV	VICED FOR	HUDICAL	ш. т	LINDIGHNI	ADOLIS	1011	711					
									M	TNC	HLY AVERA	ωGE	
116 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPEN	IDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE				PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	70		668	\$	66	,941.76	\$	100.21	5.759	\$	956.31	\$	577.08
COMM HOSP INPATIENT TOTAL	11		47		50	,696.30		1078.64	.405		4608.75		437.04
HSC HOSPITALS	2		5		7	,330.00		1466.00	.043		3665.00		63.19
NON-HSC HOSPITALS TOTAL	9		42		43	,366.30		1032.53	.362		4818.48		373.85
ACCOMMODATIONS	9		42		14	,809.84		352.62	.362		1645.54		127.67
ADMINISTRATIVE DAYS	0		0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	9		42		14	,809.84		352.62	.362		1645.54		127.67
ANCILLARIES	9		0		28	,556.46		.00	.000		3172.94		246.18
INPATIENT CROSSOVERS	0		0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0			.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	66		621		16	,245.46		26.16	5.353		246.14		140.05
MEDICAL	8		8			480.05		60.01	.069		60.01		4.14
SURGERY	3		3			48.36		16.12	.026		16.12		.42
PATHOLOGY	48		200		2	,806.61		14.03	1.724		58.47		24.19
RADIOLOGY	13		14		1	,346.03		96.15	.121		103.54		11.60
ROOM USE	47		91		3	,214.81		35.33	.784		68.40		27.71
CROSSOVERS/ALL OTH OUTPTNT	42		305		8	,349.60		27.38	2.629		198.80		71.98
@STATE HOSPITAL	0		0	\$		.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0		0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0			.00		.00	.000		.00		.00
@NURSING FACILITY	14		514	\$	56	,515.14	\$	109.95	4.431	\$	4036.80	\$	487.20
LEV A-INTERMEDIATE	0		0			.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0			.00		.00	.000		.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	14	514		56,515.14		109.95	4.431		4036.80		487.20
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	21	38	\$	628.76	\$	16.55	.328	\$	29.94	\$	5.42
PATHOLOGY	21	38		628.76		16.55	.328		29.94		5.42
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	14	53	\$	3,739.00	\$	70.55	.457	\$	267.07	\$	32.23
CLINIC	6	40		1,356.55		33.91	.345		226.09		11.69
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	8	13		2,382.45		183.27	.112		297.81		20.54
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUR	ES MONTH-OF	-PAYMENT R	REPORT	FOR JAN	2004 THRU	DEC	2004	PF	AGE 9,176
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR	MEDICALI	LY INDIGENT	- ADULTS	- TOT	AL					

NEVADA COUNTI	SOUTHWILL OF SELV	AICES LOW MEDICALI	I INDIG	THI ADOLLS	IOIAL			
						MON	THLY AVERA	GE
116 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	15	536	\$	2,366.04	\$ 4.41	4.621 \$	157.74	\$ 20.40
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	525		1,791.12	3.41	4.526	255.87	15.44
AMBULANCES/AIR TRANS	5	137		1,047.02	7.64	1.181	209.40	9.03
OTHER TRANS	2	388		744.10	1.92	3.345	372.05	6.41
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	5	5		525.00	105.00	.043	105.00	4.53
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	3	6		49.92	8.32	.052	16.64	.43
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	2	\$	2,980.00	\$ 1490.00	.017 \$	2980.00	\$ 25.69

@XOVER EXCLUDING STATE HOSP\*\* 2 2 \$ 69.30 \$ 34.65 .017 \$ 34.65 \$ .60 @\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

03/14/05

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THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,177 MOP024 FEE-FOR-SERVICE/DENTAL

NEVADA COUNTY SUMMARY OF SERVICES FOR ALL AGED

SPACE MAINTAINERS

NEVADA COUNTI	SUMMARI OF SER	VICES FOR ALL AGED			MONI		CE
10,088 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MON'		COST PER
10,000 ELIGIBLES	CALKS	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	9,203	213,443 \$	12,373,657.21	\$ 57.97			\$ 1226.57
@PHYSICIANS SERVICES	1,281	4,207 \$	57,311.72	\$ 13.62	.417 \$		
OUTPATIENT VISITS	19	29	1,093.36	37.70	.003	57.55	.11
OFFICE VISITS	12	21	602.16	28.67	.002	50.18	.06
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	7	7	472.00	67.43	.001	67.43	.05
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	19.20	19.20	.000	19.20	.00
INPATIENT VISITS	13	29	897.70	30.96	.003	69.05	.09
HOSPITAL VISITS	4	11	436.35	39.67	.003	109.09	.04
CRITICAL CARE	4	2	.00	.00	.000	.00	.00
	D T	16	461.35	28.83	.002	51.26	
SNF/ICF/TRANS IP CARE	9	9	407.04	45.23	.002	67.84	.05
OPHTHALMOLOGICAL SERVICES EXAMINATIONS	6	9	407.04	45.23	.001	67.84	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	14	990.08	70.72	.000	165.01	.10
	4	6		73.59			.10
PRINCIPAL SURGEON	4	1	441.55		.001	110.39	.04
ASSISTANT SURGEON	1	7	374.53	374.53	.000	374.53	
ANESTHESIOLOGIST	1 11	77	174.00 2,734.15	24.86 35.51	.001	174.00	.02
OUTPATIENT SURGERY	7	7	•			248.56	
PRINCIPAL SURGEON	/	0	2,074.30	296.33	.001	296.33	.21
ASSISTANT SURGEON	U	70	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	0	659.85	9.43	.007	131.97	.07
DIALYSIS	6	6	.00	.00	.000	.00	.00
PATHOLOGY			44.48	7.41	.001	7.41	.00
RADIOLOGY	14 0	22	385.62	17.53	.002	27.54	.04
PSYCHIATRY	· ·	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION		2	13.20	6.60	.000	6.60	.00
OTHER SERVICES/ALL X-OVERS	1,234	4,019	50,746.09	12.63	.398	41.12	5.03
@PHARMACY	7,466	103,905 \$	2,522,289.98	\$ 24.27	10.300 \$		
PRESCRIPTION DRUGS	7,423	40,819	2,482,416.47	60.82	4.046	334.42	246.08
SNF/ICF	2,619	19,409	1,022,199.30	52.67	1.924	390.30	101.33
OUTPATIENTS	4,876	21,410	1,460,217.17	68.20	2.122	299.47	144.75
MEDICAL SUPPLIES	400	63,086	39,873.51	.63	6.254	99.68	3.95
@DENTIST	316	887 \$	41,594.25	\$ 46.89	.088 \$		•
VISITS - DIAGNOSTIC	226	482	9,194.00	19.07	.048	40.68	.91
ORAL SURGERY	50	123	5,820.75	47.32	.012	116.42	.58
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	3	3	143.50	47.83	.000	47.83	.01
ENDODONTICS	7	6	1,635.00	272.50	.001	233.57	.16
RESTORATIVE DENTISTRY	67	142	8,257.00	58.15	.014	123.24	.82
PROSTHETICS	0	1	30.00	30.00	.000	.00	.00
DENTURES, STAYPLATES	45	115	16,514.00	143.60	.011	366.98	1.64

.00 .00 .00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	12	15	.00	.00	.001	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2004 THRU DEC	2004	PAGE	9,178
MOP024	FEE-FOR-SERVICE/DE	INTAL					03	3/14/05

MOPUZ4	FEE-FOR-SERVIC		10								03/14/05
NEVADA COUNTY	SUMMARY OF SER	VICES FOR ALL AGE	iD				MC	יחדער	UTV NUEDN	CE	
10,088 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	Δ \ <i>7</i>	ERAGE COST				GE	COST PER
10,000 EDIGIDDES	ODLIND	OR DAYS OF CARE		EXTENDITORES		R UNIT/DAY		,	USER		ELIGIBLE
@OPTOMETRIST	105	296	\$	5,755.95	\$	19.45	.029	Ś	54.82	Ś	.57
DIAGNOSTIC AND ANC. PROCED	19	21	7	745.74	7	35.51	.002	т.	39.25	-	.07
EYE APPLIANCES	82	246		4,149.57		16.87	.024		50.60		.41
OTHER OPTOMETRIC SERVICES	18	29		860.64		29.68	.003		47.81		.09
@CHIROPRACTOR	5	7	\$	112.05	\$	16.01	.001	Ś	22.41	Ś	.01
VISITS	0	0		.00	'	.00	.000		.00		.00
OTHER SERVICES	5	7		112.05		16.01	.001		22.41		.01
@PODIATRIST	207	256	\$	2,239.09	\$	8.75	.025	\$	10.82	\$	.22
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	207	256		2,239.09		8.75	.025		10.82		.22
@HOME HEALTH AGENCY	1	8	\$	641.60	\$	80.20	.001	\$	641.60	\$	.06
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER		0	\$		\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	3	3	\$		\$	16.70		\$	16.70	\$	.00
@TOTAL HOSPITAL	822	2,934	\$		\$	110.69	.291	\$	395.09	\$	32.19
HOSP INPATIENT TOTAL	176	67		268,686.14		4010.24	.007		1526.63		26.63
HSC HOSPITALS	2	11		7,200.00		654.55	.001		3600.00		.71
NON-HSC HOSPITAL TOTAL	13	56		129,196.41		2307.08	.006		9938.19		12.81
ACCOMMODATIONS	13	56		22,235.14		397.06	.006		1710.40		2.20
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	13	56		22,235.14		397.06	.006		1710.40		2.20
ANCILLARIES	12	0		106,961.27		.00	.000		8913.44		10.60
INPATIENT CROSSOVERS	161	0		132,289.73		.00	.000		821.68		13.11
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	671	2,867		56,077.59		19.56	.284		83.57		5.56
MEDICAL	8	11		416.13		37.83 97.10	.001		52.02		.04
SURGERY	21	4 58		388.38		13.28	.000		97.10 36.68		.04
PATHOLOGY RADIOLOGY	5	58 7		770.33 174.33		24.90	.006		34.87		.08
ROOM USE	17	23		999.20		43.44	.001		58.78		.10
CROSSOVERS/ALL OTH OUTPTNT	643	2,764		53,329.22		19.29	.274		82.94		5.29
@COUNTY HOSPITAL TOTAL	043	2,704	\$	.00	\$	.00		\$	.00	Ċ	.00
CO HOSPITAL INPATIENT TOTAL	0	0	Ÿ	.00	Ÿ	.00	.000	۲	.00	Y	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	Ö		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	Ö		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 9,179
MOP024	FEE-FOR-SERVICE	C/DENTAL					03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR ALL AGED					
					MON	THLY AVERA	GE
10,088 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	822	2,934 \$	324,763.73	\$ 110.69	.291 \$	395.09	\$ 32.19
COMM HOSP INPATIENT TOTAL	176	67	268,686.14	4010.24	.007	1526.63	26.63
HSC HOSPITALS	2	11	7,200.00	654.55	.001	3600.00	.71
NON-HSC HOSPITALS TOTAL	13	56	129,196.41	2307.08	.006	9938.19	12.81
ACCOMMODATIONS	13	56	22,235.14		.006	1710.40	2.20
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	13	56	22,235.14	397.06	.006	1710.40	2.20
ANCILLARIES	12	0	106,961.27	.00	.000	8913.44	10.60
INPATIENT CROSSOVERS	161	0	132,289.73	.00	.000	821.68	13.11
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	671	2,867	56,077.59	19.56	.284	83.57	5.56
MEDICAL	8	11	416.13	37.83	.001	52.02	.04
SURGERY	4	4	388.38	97.10	.000	97.10	.04
PATHOLOGY	21	58	770.33	13.28	.006	36.68	.08
RADIOLOGY	5	7	174.33	24.90	.001	34.87	.02
ROOM USE	17	23	999.20	43.44	.002	58.78	.10
CROSSOVERS/ALL OTH OUTPINT	643	2,764	53,329.22	19.29	.274	82.94	5.29
@STATE HOSPITAL	0	0 \$	.00		.000 \$	.00	\$ .00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	2,774	83 <b>,</b> 777	\$	8,736,667.38	\$	104.28	8.305	\$	3149.48	\$	866.05
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	2	111		11,085.17		99.87	.011		5542.59		1.10
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2,772	83,666		8,725,582.21		104.29	8.294		3147.76		864.95
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	29	50	\$	17,997.99	\$	359.96	.005	\$	620.62	\$	1.78
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	29	50		17,997.99		359.96	.005		620.62		1.78
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	20	51	\$	294.97	\$	5.78	.005	\$	14.75	\$	.03
PATHOLOGY	7	19		213.16		11.22	.002		30.45		.02
XO AND OTHERS	13	32		81.81		2.56	.003		6.29		.01
@ORGANIZED OUTPATIENT CLINIC	250	387	\$		\$	138.12	.038	\$	213.82	\$	5.30
CLINIC	2	2	•	59.42	·	29.71	.000		29.71	·	.01
SURGICENTER	2	4		533.82		133.46	.000		266.91		.05
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	246	381		52,860.59		138.74	.038		214.88		5.24
#CALIF DEPT OF HEALTH SERV			RES M	MONTH-OF-PAYMENT RE	EPORT			DEC		Р	AGE 9,180
											J,
MOP024	FEE-FOR-SERVICE	Z/DENTAL									03/14/05
MOP024 NEVADA COUNTY	FEE-FOR-SERVICE		ZD.								03/14/05
MOP024 NEVADA COUNTY		E/DENTAL /ICES FOR ALL AGE	ED				M		HIY AVERA		, , ,
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR ALL AGE		EXPENDITURES	AVF	RAGE COST	M	ONT		.GE	
		TICES FOR ALL AGE UNITS OF SERVICE	C	EXPENDITURES			UNITS/DAY	ONT S	COST PER	.GE	 COST PER
NEVADA COUNTY  10,088 ELIGIBLES	SUMMARY OF SERV	VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE	<u> </u>		PER	R UNIT/DAY	UNITS/DAY PER ELIG	ONT S	COST PER USER	.GE	 COST PER ELIGIBLE
NEVADA COUNTY  10,088 ELIGIBLES  @ALL OTHER PROVIDERS	SUMMARY OF SERVUSERS	VICES FOR ALL AGE  UNITS OF SERVICE  OR DAYS OF CARE  16,675	C	610,484.57		R UNIT/DAY 36.61	UNITS/DAY PER ELIG	ONT S	COST PER USER 516.92	.GE	COST PER ELIGIBLE 60.52
NEVADA COUNTY  10,088 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	SUMMARY OF SERVUSERS  1,181 62	VICES FOR ALL AGE  UNITS OF SERVICE  OR DAYS OF CARE  16,675  273	<u> </u>	610,484.57 41,348.40	PER	R UNIT/DAY 36.61 151.46	UNITS/DAY PER ELIG 1.653 .027	ONT S	COST PER USER 516.92 666.91	.GE	COST PER ELIGIBLE 60.52 4.10
NEVADA COUNTY  10,088 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	SUMMARY OF SERV USERS 1,181 62 0	VICES FOR ALL AGE  UNITS OF SERVICE  OR DAYS OF CARE  16,675  273  0	<u> </u>	610,484.57 41,348.40 .00	PER	R UNIT/DAY 36.61 151.46 .00	UNITS/DAY PER ELIG 1.653 .027 .000	ONT S	COST PER USER 516.92 666.91 .00	.GE	COST PER ELIGIBLE 60.52 4.10
NEVADA COUNTY  10,088 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	USERS  1,181 62 0 42	UNITS OF SERVICE OR DAYS OF CARE 16,675 273 0 43	<u> </u>	610,484.57 41,348.40 .00 14,941.23	PER	R UNIT/DAY 36.61 151.46 .00 347.47	Y UNITS/DAY PER ELIG 1.653 .027 .000 .004	ONT S	COST PER USER 516.92 666.91 .00 355.74	.GE	COST PER ELIGIBLE 60.52 4.10 .00 1.48
NEVADA COUNTY  10,088 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	USERS  1,181 62 0 42 35	UNITS OF SERVICE OR DAYS OF CARE 16,675 273 0 43 596	<u> </u>	610,484.57 41,348.40 .00 14,941.23 1,991.41	PER	R UNIT/DAY 36.61 151.46 .00 347.47 3.34	UNITS/DAY PER ELIG 1.653 .027 .000 .004 .059	ONT S	COST PER USER 516.92 666.91 .00 355.74 56.90	.GE	COST PER ELIGIBLE 60.52 4.10 .00 1.48 .20
NEVADA COUNTY  10,088 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	USERS  1,181 62 0 42 35 3	UNITS OF SERVICE OR DAYS OF CARE 16,675 273 0 43 596 37	<u> </u>	610,484.57 41,348.40 .00 14,941.23 1,991.41 387.45	PER	R UNIT/DAY 36.61 151.46 .00 347.47 3.34 10.47	PER ELIG 1.653 .027 .000 .004 .059	ONT S	COST PER USER 516.92 666.91 .00 355.74 56.90 129.15	.GE	COST PER ELIGIBLE 60.52 4.10 .00 1.48 .20
NEVADA COUNTY  10,088 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	USERS  1,181 62 0 42 35 3 30	UNITS OF SERVICE OR DAYS OF CARE 16,675 273 0 43 596 37 548	<u> </u>	610,484.57 41,348.40 .00 14,941.23 1,991.41 387.45 1,560.53	PER	R UNIT/DAY 36.61 151.46 .00 347.47 3.34 10.47 2.85	PER ELIG 1.653 .027 .000 .004 .059 .004	ONT S	COST PER USER 516.92 666.91 .00 355.74 56.90 129.15 52.02	.GE	COST PER ELIGIBLE 60.52 4.10 .00 1.48 .20 .04
NEVADA COUNTY  10,088 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	USERS  1,181 62 0 42 35 3 30 2	UNITS OF SERVICE OR DAYS OF CARE 16,675 273 0 43 596 37 548 11	<u> </u>	610,484.57 41,348.40 .00 14,941.23 1,991.41 387.45 1,560.53 43.43	PER	R UNIT/DAY 36.61 151.46 .00 347.47 3.34 10.47 2.85 3.95	PER ELIG 1.653 .027 .000 .004 .059 .004 .054	ONT S	COST PER USER 516.92 666.91 .00 355.74 56.90 129.15 52.02 21.72	.GE	COST PER ELIGIBLE 60.52 4.10 .00 1.48 .20 .04 .15
NEVADA COUNTY  10,088 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	USERS  1,181 62 0 42 35 3 30 2 1	UNITS OF SERVICE OR DAYS OF CARE 16,675 273 0 43 596 37 548 11	<u> </u>	610,484.57 41,348.40 .00 14,941.23 1,991.41 387.45 1,560.53 43.43 27.03	PER	R UNIT/DAY 36.61 151.46 .00 347.47 3.34 10.47 2.85 3.95 27.03	PER ELIG 1.653 .027 .000 .004 .059 .004 .054 .001	ONT S	COST PER USER 516.92 666.91 .00 355.74 56.90 129.15 52.02 21.72 27.03	.GE	COST PER ELIGIBLE 60.52 4.10 .00 1.48 .20 .04 .15 .00
NEVADA COUNTY  10,088 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	USERS  1,181 62 0 42 35 3 30 2 1 168	UNITS OF SERVICE OR DAYS OF CARE 16,675 273 0 43 596 37 548 11 1 1,984	<u> </u>	610,484.57 41,348.40 .00 14,941.23 1,991.41 387.45 1,560.53 43.43 27.03 138,045.71	PER	R UNIT/DAY 36.61 151.46 .00 347.47 3.34 10.47 2.85 3.95 27.03 69.58	PER ELIG 1.653 .027 .000 .004 .059 .004 .054 .001 .000	ONT S	COST PER USER 516.92 666.91 .00 355.74 56.90 129.15 52.02 21.72 27.03 821.70	.GE	COST PER ELIGIBLE 60.52 4.10 .00 1.48 .20 .04 .15 .00
NEVADA COUNTY  10,088 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	USERS  1,181 62 0 42 35 3 30 2 1	UNITS OF SERVICE OR DAYS OF CARE 16,675 273 0 43 596 37 548 11 1 1,984	<u> </u>	610,484.57 41,348.40 .00 14,941.23 1,991.41 387.45 1,560.53 43.43 27.03 138,045.71 .00	PER	R UNIT/DAY 36.61 151.46 .00 347.47 3.34 10.47 2.85 3.95 27.03 69.58 .00	PER ELIG 1.653 .027 .000 .004 .059 .004 .054 .001 .000	ONT S	COST PER USER 516.92 666.91 .00 355.74 56.90 129.15 52.02 21.72 27.03 821.70 .00	.GE	COST PER ELIGIBLE 60.52 4.10 .00 1.48 .20 .04 .15 .00 .00 13.68 .00
NEVADA COUNTY  10,088 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	USERS  1,181 62 0 42 35 3 30 2 11 168 0 3	UNITS OF SERVICE OR DAYS OF CARE 16,675 273 0 43 596 37 548 11 1,984 0 14	<u> </u>	610,484.57 41,348.40 .00 14,941.23 1,991.41 387.45 1,560.53 43.43 27.03 138,045.71 .00 636.02	PER	R UNIT/DAY 36.61 151.46 .00 347.47 3.34 10.47 2.85 3.95 27.03 69.58 .00 45.43	PER ELIG 1.653 .027 .000 .004 .059 .004 .054 .001 .000 .197 .000	ONT S	COST PER USER 516.92 666.91 .00 355.74 56.90 129.15 52.02 21.72 27.03 821.70 .00 212.01	.GE	COST PER ELIGIBLE 60.52 4.10 .00 1.48 .20 .04 .15 .00 .00 13.68 .00 .06
NEVADA COUNTY  10,088 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	USERS  1,181 62 0 42 35 3 30 2 11 168 0 3	UNITS OF SERVICE OR DAYS OF CARE 16,675 273 0 43 596 37 548 11 1,984 0 14 0	<u> </u>	610,484.57 41,348.40 .00 14,941.23 1,991.41 387.45 1,560.53 43.43 27.03 138,045.71 .00 636.02 .00	PER	R UNIT/DAY 36.61 151.46 .00 347.47 3.34 10.47 2.85 3.95 27.03 69.58 .00 45.43 .00	PER ELIG 1.653 .027 .000 .004 .059 .004 .054 .001 .000	ONT S	COST PER USER 516.92 666.91 .00 355.74 56.90 129.15 52.02 21.72 27.03 821.70 .00 212.01	.GE	COST PER ELIGIBLE 60.52 4.10 .00 1.48 .20 .04 .15 .00 .00 13.68 .00 .06 .00
NEVADA COUNTY  10,088 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	USERS  1,181 62 0 42 35 3 0 2 11 168 0 3 0 143	UNITS OF SERVICE OR DAYS OF CARE 16,675 273 0 43 596 37 548 11 1,984 0 14 0 329	<u> </u>	610,484.57 41,348.40 .00 14,941.23 1,991.41 387.45 1,560.53 43.43 27.03 138,045.71 .00 636.02 .00 3,866.44	PER	R UNIT/DAY 36.61 151.46 .00 347.47 3.34 10.47 2.85 3.95 27.03 69.58 .00 45.43 .00 11.75	PER ELIG 1.653 .027 .000 .004 .059 .004 .059 .001 .000 .197 .000	ONT S	COST PER USER 516.92 666.91 .00 355.74 56.90 129.15 52.02 21.72 27.03 821.70 .00 212.01 .00 27.04	.GE	COST PER ELIGIBLE 60.52 4.10 .00 1.48 .20 .04 .15 .00 .00 13.68 .00 .06 .00 .38
NEVADA COUNTY  10,088 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	USERS  1,181 62 0 42 35 3 30 2 1 168 0 3 0 143 0	UNITS OF SERVICE OR DAYS OF CARE 16,675 273 0 43 596 37 548 11 1,984 0 14 0 329 0	<u> </u>	610,484.57 41,348.40 .00 14,941.23 1,991.41 387.45 1,560.53 43.43 27.03 138,045.71 .00 636.02 .00 3,866.44 .00	PER	X UNIT/DAY 36.61 151.46 .00 347.47 3.34 10.47 2.85 3.95 27.03 69.58 .00 45.43 .00 11.75 .00	PER ELIG 1.653 .027 .000 .004 .059 .004 .054 .001 .000 .197 .000 .001 .000	ONT S	COST PER USER 516.92 666.91 .00 355.74 56.90 129.15 52.02 21.72 27.03 821.70 .00 212.01 .00 27.04 .00	.GE	COST PER ELIGIBLE 60.52 4.10 .00 1.48 .20 .04 .15 .00 .00 13.68 .00 .06 .00 .38 .00
NEVADA COUNTY  10,088 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	USERS  1,181 62 0 42 35 3 30 2 11 168 0 3 0 143 0 58	UNITS OF SERVICE OR DAYS OF CARE 16,675 273 0 43 596 37 548 11 1,984 0 14 0 329 0 99	<u> </u>	610,484.57 41,348.40 .00 14,941.23 1,991.41 387.45 1,560.53 43.43 27.03 138,045.71 .00 636.02 .00 3,866.44 .00 66.11	PER	R UNIT/DAY 36.61 151.46 .00 347.47 3.34 10.47 2.85 3.95 27.03 69.58 .00 45.43 .00 11.75 .00 .67	PER ELIG 1.653 .027 .000 .004 .059 .004 .054 .001 .000 .197 .000 .001 .000	ONT S	COST PER USER 516.92 666.91 .00 355.74 56.90 129.15 52.02 21.72 27.03 821.70 .00 212.01 .00 27.04 .00 1.14	.GE	COST PER ELIGIBLE 60.52 4.10 .00 1.48 .20 .04 .15 .00 .00 13.68 .00 .06 .00 .38 .00 .01
NEVADA COUNTY  10,088 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	USERS  1,181 62 0 42 35 3 30 2 11 168 0 3 0 143 0 58 10	UNITS OF SERVICE OR DAYS OF CARE 16,675 273 0 43 596 37 548 11 1,984 0 14 0 329 0 99 20	<u> </u>	610,484.57 41,348.40 .00 14,941.23 1,991.41 387.45 1,560.53 43.43 27.03 138,045.71 .00 636.02 .00 3,866.44 .00 66.11 191.88	PER	R UNIT/DAY 36.61 151.46 .00 347.47 3.34 10.47 2.85 3.95 27.03 69.58 .00 45.43 .00 11.75 .00 .67 9.59	PER ELIG 1.653 .027 .000 .004 .059 .004 .054 .001 .000 .197 .000 .001 .000	ONT S	COST PER USER 516.92 666.91 .00 355.74 56.90 129.15 52.02 21.72 27.03 821.70 .00 212.01 .00 27.04 .00 1.14 19.19	.GE	COST PER ELIGIBLE 60.52 4.10 .00 1.48 .20 .04 .15 .00 .00 13.68 .00 .06 .00 .38 .00 .01 .02
NEVADA COUNTY  10,088 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS	USERS  1,181 62 0 42 35 3 30 2 11 168 0 3 0 143 0 58 10 10	UNITS OF SERVICE OR DAYS OF CARE 16,675 273 0 43 596 37 548 11 1,984 0 14 0 329 0 99 20 20	<u> </u>	610,484.57 41,348.40 .00 14,941.23 1,991.41 387.45 1,560.53 43.43 27.03 138,045.71 .00 636.02 .00 3,866.44 .00 66.11 191.88 191.88	PER	R UNIT/DAY 36.61 151.46 .00 347.47 3.34 10.47 2.85 3.95 27.03 69.58 .00 45.43 .00 11.75 .00 .67 9.59 9.59	PER ELIG 1.653 .027 .000 .004 .059 .004 .054 .001 .000 .197 .000 .001 .000	ONT S	COST PER USER 516.92 666.91 .00 355.74 56.90 129.15 52.02 21.72 27.03 821.70 .00 212.01 .00 27.04 .00 1.14 19.19 19.19	.GE	COST PER ELIGIBLE 60.52 4.10 .00 1.48 .20 .04 .15 .00 .00 13.68 .00 .06 .00 .38 .00 .01 .02 .02 .02
NEVADA COUNTY  10,088 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS	USERS  1,181 62 0 42 35 3 30 2 11 168 0 3 0 143 0 58 10 10 0	UNITS OF SERVICE OR DAYS OF CARE 16,675 273 0 43 596 37 548 11 1,984 0 14 0 329 0 99 20 20 0	<u> </u>	610,484.57 41,348.40 .00 14,941.23 1,991.41 387.45 1,560.53 43.43 27.03 138,045.71 .00 636.02 .00 3,866.44 .00 66.11 191.88 191.88	PER	R UNIT/DAY 36.61 151.46 .00 347.47 3.34 10.47 2.85 3.95 27.03 69.58 .00 45.43 .00 11.75 .00 .67 9.59 9.59 .00	PER ELIG 1.653 .027 .000 .004 .059 .004 .054 .001 .000 .197 .000 .001 .000 .033 .000 .010 .002	ONT S	COST PER USER 516.92 666.91 .00 355.74 56.90 129.15 52.02 21.72 27.03 821.70 .00 212.01 .00 27.04 .00 1.14 19.19 19.19 .00	.GE	COST PER ELIGIBLE 60.52 4.10 .00 1.48 .20 .04 .15 .00 .00 13.68 .00 .06 .00 .38 .00 .01 .02 .02 .02 .00
NEVADA COUNTY  10,088 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST	USERS  1,181 62 0 42 35 3 30 2 11 168 0 3 0 143 0 58 10 10 0 0	UNITS OF SERVICE OR DAYS OF CARE 16,675 273 0 43 596 37 548 11 1,984 0 14 0 329 0 99 20 20 0 0	<u> </u>	610,484.57 41,348.40 .00 14,941.23 1,991.41 387.45 1,560.53 43.43 27.03 138,045.71 .00 636.02 .00 3,866.44 .00 66.11 191.88 191.88 .00 .00	PER	R UNIT/DAY 36.61 151.46 .00 347.47 3.34 10.47 2.85 3.95 27.03 69.58 .00 45.43 .00 11.75 .00 .67 9.59 9.59 .00 .00	PER ELIG 1.653 .027 .000 .004 .059 .004 .054 .001 .000 .197 .000 .001 .000 .033 .000 .010 .002 .002	ONT S	COST PER USER 516.92 666.91 .00 355.74 56.90 129.15 52.02 21.72 27.03 821.70 .00 212.01 .00 27.04 .00 1.14 19.19 19.19 .00 .00	.GE	COST PER ELIGIBLE 60.52 4.10 .00 1.48 .20 .04 .15 .00 .00 13.68 .00 .06 .00 .38 .00 .01 .02 .02 .02 .00 .00
NEVADA COUNTY  10,088 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	USERS  1,181 62 0 42 35 3 30 2 1,168 0 3 0 143 0 58 10 0 0 9	UNITS OF SERVICE OR DAYS OF CARE 16,675 273 0 43 596 37 548 11 1,984 0 14 0 329 0 99 20 20 0 0 11	<u> </u>	610,484.57 41,348.40 .00 14,941.23 1,991.41 387.45 1,560.53 43.43 27.03 138,045.71 .00 636.02 .00 3,866.44 .00 66.11 191.88 191.88 .00 .00 1,038.39	PER	R UNIT/DAY 36.61 151.46 .00 347.47 3.34 10.47 2.85 3.95 27.03 69.58 .00 45.43 .00 11.75 .00 .67 9.59 9.59 .00 .00 94.40	PER ELIG 1.653 .027 .000 .004 .059 .004 .054 .001 .000 .197 .000 .001 .000 .033 .000 .010 .002 .002 .002	ONT S	COST PER USER 516.92 666.91 .00 355.74 56.90 129.15 52.02 21.72 27.03 821.70 .00 212.01 .00 27.04 .00 1.14 19.19 19.19 .00 .00 115.38	.GE	COST PER ELIGIBLE 60.52 4.10 .00 1.48 .20 .04 .15 .00 .00 13.68 .00 .06 .00 .38 .00 .01 .02 .02 .00 .00 .10
NEVADA COUNTY  10,088 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST	USERS  1,181 62 0 42 35 3 30 2 11 168 0 3 0 143 0 58 10 10 0 0	UNITS OF SERVICE OR DAYS OF CARE 16,675 273 0 43 596 37 548 11 1,984 0 14 0 329 0 99 20 20 0 0	<u> </u>	610,484.57 41,348.40 .00 14,941.23 1,991.41 387.45 1,560.53 43.43 27.03 138,045.71 .00 636.02 .00 3,866.44 .00 66.11 191.88 191.88 .00 .00	PER	R UNIT/DAY 36.61 151.46 .00 347.47 3.34 10.47 2.85 3.95 27.03 69.58 .00 45.43 .00 11.75 .00 .67 9.59 9.59 .00 .00	PER ELIG 1.653 .027 .000 .004 .059 .004 .054 .001 .000 .197 .000 .001 .000 .033 .000 .010 .002 .002	ONT S	COST PER USER 516.92 666.91 .00 355.74 56.90 129.15 52.02 21.72 27.03 821.70 .00 212.01 .00 27.04 .00 1.14 19.19 19.19 .00 .00	.GE	COST PER ELIGIBLE 60.52 4.10 .00 1.48 .20 .04 .15 .00 .00 13.68 .00 .06 .00 .38 .00 .01 .02 .02 .02 .00 .00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	573	9,894	20,480.78	2.07	.981	35.74	2.03
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	2,849	28,671	\$ 471,620.62	\$ 16.45	2.842	\$ 165.54	\$ 46.75

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,181
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR ALL BLIND

MONTHLY AVERAG	GE
723 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER	COST PER
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER	ELIGIBLE
	\$ 1007.30
@PHYSICIANS SERVICES 212 933 \$ 33,664.59 \$ 36.08 1.290 \$ 158.80	\$ 46.56
OUTPATIENT VISITS 84 118 5,103.87 43.25 .163 60.76	7.06
OFFICE VISITS 55 71 2,418.94 34.07 .098 43.98	3.35
HOME VISITS 0 0 .00 .00 .00 .00	.00
EMERGENCY ROOM 38 42 2,501.57 59.56 .058 65.83	3.46
PREVENTIVE CARE 0 0 .00 .00 .00 .00 .00	.00
OB VISITS/COMPRE PERI 0 0 .00 .00 .00 .00 .00	.00
OTHER OUTPATIENT 5 5 183.36 36.67 .007 36.67	.25
INPATIENT VISITS 11 137 12,851.89 93.81 .189 1168.35	17.78
HOSPITAL VISITS 11 95 4,053.63 42.67 .131 368.51	5.61
CRITICAL CARE 5 34 8,491.56 249.75 .047 1698.31	11.74
SNF/ICF/TRANS IP CARE 1 8 306.70 38.34 .011 306.70	.42
OPHTHALMOLOGICAL SERVICES 2 2 96.61 48.31 .003 48.31	.13
EXAMINATIONS 2 2 96.61 48.31 .003 48.31	.13
SERVICES AND MATERIALS 0 0 .00 .00 .00 .00 .00	.00
INPATIENT HOSPITAL SURGERY 8 31 1,792.85 57.83 .043 224.11	2.48
PRINCIPAL SURGEON 7 7 1,276.72 182.39 .010 182.39	1.77
ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00	.00
ANESTHESIOLOGIST 2 24 516.13 21.51 .033 258.07	.71
OUTPATIENT SURGERY 19 57 2,756.03 48.35 .079 145.05	3.81
PRINCIPAL SURGEON 16 16 1,713.41 107.09 .022 107.09	2.37
ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00	.00
ANESTHESIOLOGIST 4 41 1,042.62 25.43 .057 260.66	1.44
DIALYSIS 10 15 3,160.56 210.70 .021 316.06	4.37
PATHOLOGY 11 44 579.27 13.17 .061 52.66	.80
RADIOLOGY 34 119 2,419.77 20.33 .165 71.17	3.35
PSYCHIATRY 0 0 .00 .00 .00 .00 .00	.00
IMMUNIZATION AND INJECTION 0 0 .00 .00 .00 .00	.00
OTHER SERVICES/ALL X-OVERS 122 410 4,903.74 11.96 .567 40.19	6.78
@PHARMACY 482 22,142 \$ 225,016.44 \$ 10.16 30.625 \$ 466.84	\$ 311.23
PRESCRIPTION DRUGS 470 2,094 217,500.14 103.87 2.896 462.77	300.83
SNF/ICF 25 187 9,141.25 48.88 .259 365.65	12.64
OUTPATIENTS 446 1,907 208,358.89 109.26 2.638 467.17	288.19
MEDICAL SUPPLIES 67 20,048 7,516.30 .37 27.729 112.18	10.40
@DENTIST 30 114 \$ 2,647.00 \$ 23.22 .158 \$ 88.23	\$ 3.66
VISITS - DIAGNOSTIC 26 71 1,424.00 20.06 .098 54.77	1.97
ORAL SURGERY 5 7 388.00 55.43 .010 77.60	.54
DRUGS 0 .00 .00 .00 .00	.00
ANESTHESIA 0 0 .00 .00 .00 .00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	1	1	71.00	71.00	.001	71.00	.10	
RESTORATIVE DENTISTRY	6	21	764.00	36.38	.029	127.33	1.06	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	3	14	.00	.00	.019	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	) EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DE	C 2004	PAGE 9,182	
MOP024	FEE-FOR-SERVICE/DENTA	AL					03/14/05	
NEVADA COUNTY	SUMMARY OF SERVICES I	FOR ALL BLIND						
					MON	THIY AVERAG	F	

								HLY AVERA	
723 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		COST PER	COST PER
		OR DAYS OF CARE	1		PE	R UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	4	9	\$	717.49	\$	79.72	.012	\$ 179.37	\$ .99
DIAGNOSTIC AND ANC. PROCED	1	1		47.45		47.45	.001	47.45	.07
EYE APPLIANCES	2	4		432.85		108.21	.006	216.43	.60
OTHER OPTOMETRIC SERVICES	3	4		237.19		59.30	.006	79.06	.33
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	10	13	\$	178.27	\$	13.71	.018	\$ 17.83	\$ .25
MEDICINE/INJECTIONS	1	1		62.41		62.41	.001	62.41	.09
SURGERY/ANES.	1	1		15.00		15.00	.001	15.00	.02
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	9	11		100.86		9.17	.015	11.21	.14
@HOME HEALTH AGENCY	11	1,213	\$	36,680.89	\$	30.24	1.678	\$ 3334.63	\$ 50.73
NURSE ANESTHESIST	2	29	\$	70.81	\$	2.44	.040	\$ 35.41	\$ .10
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	151	693	\$	179,493.64	\$	259.01	.959	\$ 1188.70	\$ 248.26
HOSP INPATIENT TOTAL	20	94		157,192.86		1672.26	.130	7859.64	217.42
HSC HOSPITALS	6	48		64,917.00		1352.44	.066	10819.50	89.79
NON-HSC HOSPITAL TOTAL	2	46		77,347.11		1681.46	.064	38673.56	106.98
ACCOMMODATIONS	2	46		16,069.10		349.33	.064	8034.55	22.23
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	2	46		16,069.10		349.33	.064	8034.55	22.23
ANCILLARIES	2	0		61,278.01		.00	.000	30639.01	84.76
INPATIENT CROSSOVERS	12	0		14,928.75		.00	.000	1244.06	20.65
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	138	599		22,300.78		37.23	.828	161.60	30.84
MEDICAL	20	25		863.74		34.55	.035	43.19	1.19
SURGERY	11	11		287.89		26.17	.015	26.17	.40
PATHOLOGY	41	142		1,593.50		11.22	.196	38.87	2.20
RADIOLOGY	34	41		11,049.14		269.49	.057	324.97	15.28
ROOM USE	51	67		2,679.22		39.99	.093	52.53	3.71
CROSSOVERS/ALL OTH OUTPTNT	81	313		5,827.29		18.62	.433	71.94	8.06
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	· ·	•	ידכ ו	MONTH-OF-PAYMENT RI	r D∩D⊓				т	PAGE 9,183
MOP024	FEE-FOR-SERVICE/		ا دید،	MONIII OF FAIMENT N	EF OK1	FOR UAN 2	2004 IIIKO DE	10 2004	1	03/14/05
NEVADA COUNTY	SUMMARY OF SERVI		MD							03/14/03
NEVADA COONII	SOMMAN OF SERVI	CES FOR ALL DE	LIND				MON	TTHIV AVER	CF	
723 ELIGIBLES	USERS	UNITS OF SERVICE	7.	EXPENDITURES	AVF	RAGE COST	UNITS/DAYS	COST PER	101	COST PER
720 111011110	CELICE	OR DAYS OF CARE				R UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	151	693	Ś	179,493.64	Ś	259.01		1188.70	Ś	248.26
COMM HOSP INPATIENT TOTAL	20	94	т	157,192.86	т.	1672.26	.130	7859.64	Τ.	217.42
HSC HOSPITALS	6	48		64,917.00		1352.44	.066	10819.50		89.79
NON-HSC HOSPITALS TOTAL	2	46		77,347.11		1681.46	.064	38673.56		106.98
ACCOMMODATIONS	2	46		16,069.10		349.33	.064	8034.55		22.23
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	2	46		16,069.10		349.33	.064	8034.55		22.23
ANCILLARIES	2	0		61,278.01		.00	.000	30639.01		84.76
INPATIENT CROSSOVERS	12	0		14,928.75		.00	.000	1244.06		20.65
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	138	599		22,300.78		37.23	.828	161.60		30.84
MEDICAL	20	25		863.74		34.55	.035	43.19		1.19
SURGERY	11	11		287.89		26.17	.015	26.17		.40
PATHOLOGY	41	142		1,593.50		11.22	.196	38.87		2.20
RADIOLOGY	34	41		11,049.14		269.49	.057	324.97		15.28
ROOM USE	51	67		2,679.22		39.99	.093	52.53		3.71
CROSSOVERS/ALL OTH OUTPTNT	~ -	313		5,827.29		18.62	.433	71.94		8.06
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000 \$		\$	.00
MENTALLY ILL	0	0	т	.00	т	.00	.000	.00	Τ.	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	36	1,023	Ś	107,722.66	Ś	105.30	1.415		Ś	148.99
LEV A-INTERMEDIATE	0	0	Τ.	.00	Τ.	.00	.000	.00	~	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	ŭ	24		8,276.88		344.87	.033	8276.88		11.45
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	35	999		99,445.78		99.55	1.382	2841.31		137.55
				33,113.70			±•00E			±0,.00

@INTERMEDIATE CARE FACIL.-DD

ICF DDH

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

HOSPITAL BASED

HOSPITAL BASED

ICF DD

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3.34

2,716.99

2,553.54

50,791.59

50,791.59

2,417.21

163.45

.00

.00

.00

INDEPENDENT FACILITY	10	160		2,417.21		15.11	.221		241.72		3.34
@LABORATORY FACILITY	12	127	\$	1,722.96	\$	13.57	.176	\$	143.58	\$	2.38
PATHOLOGY	11	124		1,722.51		13.89	.172		156.59		2.38
XO AND OTHERS	1	3		.45		.15	.004		.45		.00
@ORGANIZED OUTPATIENT CLINIC	35	53	\$	6,426.53	\$	121.26	.073	\$	183.62	\$	8.89
CLINIC	6	6		196.41		32.74	.008		32.74		.27
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	29	47		6,230.12		132.56	.065		214.83		8.62
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURE	ES N	MONTH-OF-PAYMENT	REPOR	T FOR JAN	2004 THRU	DEC	2004	PA	GE 9,184
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR ALL BLIN	1D								
							M	ONT	HLY AVERA	GE -	
723 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	С	OST PER
		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIG	ř	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	211	20,548	\$	78,012.24	\$	3.80	28.420	\$	369.73	\$	107.90
DURABLE MED. EQUIP.	13	30		6,248.65		208.29	.041		480.67		8.64
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	2	2		50.00		25.00	.003		25.00		.07
MEDICAL TRANSPORTATION	14	244		3,915.96		16.05	.337		279.71		5.42
AMBULANCES/AIR TRANS	12	233		2,053.91		8.82	.322		171.16		2.84
OTHER TRANS	2	10		62.05		6.21	.014		31.03		.09
OTHER SERVICES	1	1		1,800.00		1800.00	.001		1800.00		2.49
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	38	360		25,048.80		69.58	.498		659.18		34.65
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	5	12		2,396.70		199.73	.017		479.34		3.31
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	3	8		76.00		9.50	.011		25.33		.11
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	3	8		190.86		23.86	.011		63.62		.26

PROSTHETICS	3	8	190.86	23.86	.011	63.62	.26
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	4	70.00	17.50	.006	23.33	.10
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	55	7,320	33,451.39	4.57	10.124	608.21	46.27
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	96	12,560	6,563.88	.52	17.372	68.37	9.08
@CALIF. CHILDREN SERVICES*	34	917	\$ 86,602.98	\$ 94.44	1.268	\$ 2547.15	\$ 119.78
@XOVER EXCLUDING STATE HOSP**	193	5 <b>,</b> 051	\$ 41,239.20	\$ 8.16	6.986	\$ 213.67	\$ 57.04

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 FEE-FOR-SERVICE/DENTAL

PAGE 9,185 03/14/05

NEVADA COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

NEVADA COUNTY	SUMMARY OF SER	VICES FOR ALL DIS	ABLEI	D				
						MON'		-
22,228 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	19,084	444,831	\$	15,251,420.47	\$ 34.29	20.012 \$		
@PHYSICIANS SERVICES	5 <b>,</b> 489	22,214	\$	•	\$ 31.19	.999 \$		
OUTPATIENT VISITS	2,888	4,475		176,462.98	39.43	.201	61.10	7.94
OFFICE VISITS	2,009	2,920		89 <b>,</b> 356.48	30.60	.131	44.48	4.02
HOME VISITS	5	7		225.58	32.23	.000	45.12	.01
EMERGENCY ROOM	972	1,328		80,047.40	60.28	.060	82.35	3.60
PREVENTIVE CARE	1	1		65.78	65.78	.000	65.78	.00
OB VISITS/COMPRE PERI	6	8		681.33	85.17	.000	113.56	.03
OTHER OUTPATIENT	199	211		6,086.41	28.85	.009	30.58	.27
INPATIENT VISITS	348	1,317		66,760.17	50.69	.059	191.84	3.00
HOSPITAL VISITS	298	1,124		51,622.40	45.93	.051	173.23	2.32
CRITICAL CARE	26	112		12,643.73	112.89	.005	486.30	.57
SNF/ICF/TRANS IP CARE	49	81		2,494.04	30.79	.004	50.90	.11
OPHTHALMOLOGICAL SERVICES	106	123		5,194.44	42.23	.006	49.00	.23
EXAMINATIONS	105	122		5,159.15	42.29	.005	49.13	.23
SERVICES AND MATERIALS	1	1		35.29	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	151	3,026		76,297.49	25.21	.136	505.28	3.43
PRINCIPAL SURGEON	99	171		55,765.54	326.11	.008	563.29	2.51
ASSISTANT SURGEON	15	16		2,228.74	139.30	.001	148.58	.10
ANESTHESIOLOGIST	66	2,839		18,303.21	6.45	.128	277.32	.82
OUTPATIENT SURGERY	390	1,733		69,401.76	40.05	.078	177.95	3.12
PRINCIPAL SURGEON	329	396		57,029.03	144.01	.018	173.34	2.57
ASSISTANT SURGEON	2	2		243.91	121.96	.000	121.96	.01
ANESTHESIOLOGIST	74	1,335		12,128.82	9.09	.060	163.90	.55
DIALYSIS	26	141		8,387.39	59.49	.006	322.59	.38
PATHOLOGY	366	823		17,274.32	20.99	.037	47.20	.78
RADIOLOGY	1,206	2,378		92,523.91	38.91	.107	76.72	4.16
PSYCHIATRY	8	10		560.80	56.08	.000	70.10	.03
IMMUNIZATION AND INJECTION	121	1,315		35,048.43	26.65	.059	289.66	1.58
OTHER SERVICES/ALL X-OVERS	2 <b>,</b> 391	6 <b>,</b> 873			21.10	.309	60.64	6.52
@PHARMACY	14,974	215,355	\$	8,383,024.64	\$ 38.93	9.688 \$	559.84	\$ 377.14
PRESCRIPTION DRUGS	14,801	65,966		8,261,634.92	125.24	2.968	558.18	371.68
SNF/ICF	436	3,476		272,660.80	78.44	.156	625.37	12.27
OUTPATIENTS	14,412	62,490		7,988,974.12	127.84	2.811	554.33	359.41

MEDICAL SUPPLIES	1,073	149,389	121,389.72	.81	6.721	113.13	5.46
@DENTIST	865	3,539	143,207.42	\$ 40.47	.159 \$	165.56	\$ 6.44
VISITS - DIAGNOSTIC	579	2,029	31,099.40	15.33	.091	53.71	1.40
ORAL SURGERY	154	436	23,397.25	53.66	.020	151.93	1.05
DRUGS	7	7	150.00	21.43	.000	21.43	.01
ANESTHESIA	2	2	200.00	100.00	.000	100.00	.01
PERIODONTICS	37	47	4,214.00	89.66	.002	113.89	.19
ENDODONTICS	52	66	13,829.00	209.53	.003	265.94	.62
RESTORATIVE DENTISTRY	286	752	42,631.19	56.69	.034	149.06	1.92
PROSTHETICS	8	8	210.00	26.25	.000	26.25	.01
DENTURES, STAYPLATES	60	170	27,329.50	160.76	.008	455.49	1.23
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	112.08	112.08	.000	112.08	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	35.00	35.00	.000	35.00	.00
ALL OTHER SERVICES	27	20	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2004 THRU DE	C 2004	PAGE 9,186
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR ALL DISAE	BLED				
					MON	ITHLY AVERA	GE
22,228 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	390	1,227 \$	25,283.28	\$ 20.61	.055 \$	64.83	\$ 1.14

22,228 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS OF CARE		PE	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	390	1,227	\$ 25,283.28	\$		.055	\$	64.83	\$ 1.14
DIAGNOSTIC AND ANC. PROCED	184	189	8,138.08		43.06	.009		44.23	.37
EYE APPLIANCES	333	991	15 <b>,</b> 977.92		16.12	.045		47.98	.72
OTHER OPTOMETRIC SERVICES	29	47	1,167.28			.002		40.25	.05
@CHIROPRACTOR	127	239	\$ 3,906.41	\$	16.34	.011	\$	30.76	\$ .18
VISITS	112	219	3,594.80			.010		32.10	.16
OTHER SERVICES	15	20	311.61		15.58	.001		20.77	
@PODIATRIST	142	196	\$ 3,992.87	\$		.009	\$		\$ .18
MEDICINE/INJECTIONS	74	85	2,487.27		29.26	.004		33.61	.11
SURGERY/ANES.	4	4	78.00		19.50	.000		19.50	.00
RADIO./PATHOLOGY	4	4	89.96		22.49	.000		22.49	.00
OTHER	69	103	1,337.64		12.99	.005		19.39	.06
@HOME HEALTH AGENCY	97	603	\$ 38,400.63			.027			1.73
NURSE ANESTHESIST	2	29	\$ 168.92	\$	5.82	.001		84.46	\$ .01
NURSE MIDWIFE	0	0	\$ .00		.00	.000		.00	.00
PEDIATRIC NURSE PRACTITIONER	1	1	\$ 34.22	\$	34.22	.000	\$		.00
FAMILY NURSE PRACTITIONER	64	78	\$ 1,877.32			.004			.08
@TOTAL HOSPITAL	4,077	22 <b>,</b> 387	\$ 3,095,316.22			1.007			\$ 139.25
HOSP INPATIENT TOTAL	426	1,437	2,507,226.84			.065		5885.51	112.80
HSC HOSPITALS	72	554	704,285.00			.025		9781.74	31.68
NON-HSC HOSPITAL TOTAL	215	883	1,664,915.56			.040		7743.79	74.90
ACCOMMODATIONS	215	883	480,322.82		543.97	.040		2234.06	21.61
ADMINISTRATIVE DAYS	1	5	4,028.74		805.75	.000		4028.74	.18
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	.00
ALL OTHER ACCOM	214	878	476,294.08		542.48	.039		2225.67	21.43
ANCILLARIES	215	0	1,184,592.74		.00	.000		5509.73	53.29
INPATIENT CROSSOVERS	146	0	138,026.28		.00	.000		945.39	6.21
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	3,810	20 <b>,</b> 950	588,089.38		28.07	.943		154.35	26.46
MEDICAL	583	922	36,882.99		40.00	.041		63.26	1.66
SURGERY	281	306	11,148.89			.014		39.68	.50
PATHOLOGY	1 <b>,</b> 557	7 <b>,</b> 225	83 <b>,</b> 657.03		11.58	.325		53.73	3.76
RADIOLOGY	979	1,698	148,982.73			.076			
ROOM USE	1,462	2,269	91,533.34		40.34	.102		62.61	4.12

CROSSOVERS/ALL OTH OUTPINT	1,928	8,530	21.	5,884.40		25.31	.384		111.97		9.71
@COUNTY HOSPITAL TOTAL	20	249	\$ 16	6,922.68	\$	670.37	.011	\$	8346.13	\$	7.51
CO HOSPITAL INPATIENT TOTAL	5	121	16	0,898.94		1329.74	.005	3	2179.79		7.24
HSC HOSPITALS	5	120	16	0,055.00		1333.79	.005	3	2011.00		7.20
NON-HSC HOSPITALS TOTAL	1	1		843.94		843.94	.000		843.94		.04
ACCOMMODATIONS	1	1		231.30		231.30	.000		231.30		.01
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	1		231.30		231.30	.000		231.30		.01
ANCILLARIES	1	0		612.64		.00	.000		612.64		.03
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	15	128		6,023.74		47.06	.006		401.58		.27
MEDICAL	4	10		436.05		43.61	.000		109.01		.02
SURGERY	3	7		359.88		51.41	.000		119.96		.02
PATHOLOGY	3	30		548.88		18.30	.001		182.96		.02
RADIOLOGY	6	15		1,689.75		112.65	.001		281.63		.08
ROOM USE	7	14		521.88		37.28	.001		74.55		.02
CROSSOVERS/ALL OTH OUTPTNT	10	52	:	2,467.30		47.45	.002		246.73		.11
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURE	S MONTH-OF-	PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	PAGE	9,187
MOP024	FEE-FOR-SERVICE/DENTAL									0.3	3/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR	ALL DISA	BLED								
								MONTH	LY AVERA	GE	

22,228 ELIGIBLES	USERS	UNITS OF SERVICE	,	EXPENDITURES	AVERAGE COST		COCH DED	-	COST PER
ZZ,ZZO ELIGIBLES	USERS	OR DAYS OF CARE		EXPENDITORES	PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,064	22,138	\$	2,928,393.54	\$ 132.28	.996			131.74
•	•	•	Þ	, ,			•	Þ	
COMM HOSP INPATIENT TOTAL	421	1,316		2,346,327.90	1782.92	.059	5573.23		105.56
HSC HOSPITALS	67	434		544,230.00	1253.99	.020	8122.84		24.48
NON-HSC HOSPITALS TOTAL	214	882		1,664,071.62	1886.70	.040	7776.04		74.86
ACCOMMODATIONS	214	882		480,091.52	544.32	.040	2243.42		21.60
ADMINISTRATIVE DAYS	1	5		4,028.74	805.75	.000	4028.74		.18
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	213	877		476 <b>,</b> 062.78	542.83	.039	2235.04		21.42
ANCILLARIES	214	0		1,183,980.10	.00	.000	5532.62		53.27
INPATIENT CROSSOVERS	146	0		138,026.28	.00	.000	945.39		6.21
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	3,801	20,822		582,065.64	27.95	.937	153.13		26.19
MEDICAL	579	912		36,446.94	39.96	.041	62.95		1.64
SURGERY	278	299		10,789.01	36.08	.013	38.81		.49
PATHOLOGY	1,555	7,195		83,108.15	11.55	.324	53.45		3.74
RADIOLOGY	975	1,683		147,292.98	87.52	.076	151.07		6.63
ROOM USE	1,460	2,255		91,011.46	40.36	.101	62.34		4.09
	1,921	8,478		213,417.10	25.17	.381	111.10		9.60
@STATE HOSPITAL	0	0	Ś	.00	\$ .00	.000		Ś	.00
MENTALLY ILL	0	0	7	.00	.00	.000	.00	7	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	341	10,082	Ś	1,250,100.70		.454		Ś	56.24
LEV A-INTERMEDIATE	0	0	7	.00	.00	.000	.00	7	.00
LEV B-REHAB MD	11	312		39,099.84	125.32	.014	3554.53		1.76
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	330	9,770		1,211,000.86	123.95	.440	3669.70		54.48
@INTERMEDIATE CARE FACILDD	12	366	\$	72,101.79		.016		Ċ	3.24
	12	300	Y					٢	
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	Ü	U		.00	.00	.000	.00		.00

ICF DDN/DDCN	12	366		72,101.79	)	197.00	.016		6008.48		3.24
@HEMODIALYSIS TOTAL	118	5,005	\$	169,760.65	\$	33.92	.225	\$	1438.65	\$	7.64
HOSPITAL BASED	0	0		.00	)	.00	.000		.00		.00
HEMODIALYSIS CENTER	118	5,005		169,760.65	5	33.92	.225		1438.65		7.64
@REHABILITATION FACILITY	39	533	\$	8,336.41	. \$	15.64	.024	\$	213.75	\$	.38
HOSPITAL BASED	4	2		159.13	3	79.57	.000		39.78		.01
INDEPENDENT FACILITY	35	531		8,177.28	}	15.40	.024		233.64		.37
@LABORATORY FACILITY	467	1,666	\$	20,959.69	\$	12.58	.075	\$	44.88	\$	.94
PATHOLOGY	456	1,624		20,635.92	2	12.71	.073		45.25		.93
XO AND OTHERS	11	42		323.77	7	7.71	.002		29.43		.01
@ORGANIZED OUTPATIENT CLINIC	2,242	3 <b>,</b> 757	\$	389,611.88	\$	103.70	.169	\$	173.78	\$	17.53
CLINIC	541	841		25,274.70	)	30.05	.038		46.72		1.14
SURGICENTER	16	64		2,678.86	5	41.86	.003		167.43		.12
HEROIN DETOX CLINIC	0	0		.00	)	.00	.000		.00		.00
RURAL HEALTH CLINIC	1,699	2,852		361,658.32	2	126.81	.128		212.87		16.27
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITU	RES	MONTH-OF-PAYMENT	REPOR	T FOR JAN	2004 THRU	DEC	2004	P.	AGE 9,188
MOP024	FEE-FOR-SERVICE/DEN	NTAL									03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES	FOR ALL DIS	SABL	ED							

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 22,228 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 2,626 157,554 952,439.49 6.05 7.088 \$ 362.70 \$ 42.85 DURABLE MED. EQUIP. 279 1,004 126,694.32 126.19 .045 454.10 5.70 BLOOD BANK 0 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS 21 28 3,814.28 136.22 .001 181.63 .17 227.76 MEDICAL TRANSPORTATION 298 5,728 67,871.05 11.85 .258 3.05 270 3,592 49,664.51 13.83 183.94 AMBULANCES/AIR TRANS .162 2.23 23 2.70 234.37 OTHER TRANS 1,993 5,390.41 .090 .24 OTHER SERVICES 19 143 12,816.13 89.62 .006 674.53 ACUPUNCTURE 6 13 222.83 17.14 .001 37.14 .01 ADULT DAY HEALTH CARE CTR 183 2,265 157,598.70 69.58 .102 861.20 7.09 GENETIC DISEASE TESTING 3 3 315.00 105.00 .000 105.00 IHMC, MODEL-NF, NF, AIDS, MSSP 96 10,548 296,347.28 28.10 .475 3086.95 13.33 514.74 OCCUPATIONAL THERAPIST 1 25 514.74 20.59 .001 .02 415 966 10.26 .043 23.88 OPTICIAN 9,909.29 PHYSICAL THERAPIST 3 306.27 11.78 .001 102.09 26 .01 PORTABLE X-RAY 18 47 936.34 19.92 .002 52.02 .04 76 259 438.79 PROSTHETIST/ORTHOTISTS 33,347.99 128.76 .012 76 259 33,347.99 128.76 438.79 PROSTHETICS .012 1.50 0 .00 ORTHOTICS 0 .00 .000 .00 .00 3 569.95 142.49 PSYCHOLOGIST .000 189.98 51 155 7,631.66 49.24 149.64 SPEECH AND AUDIOLOGY .007 .34 HOSPICE SERVICES 17 205 26,721.03 130.35 .009 1571.83 1.20 0 0 .00 .000 NONINST BIRTHING CENTERS .00 .00 LOCAL EDUCATION AGENCIES 488 45,273 140,970.18 3.11 2.037 288.87 6.34 .00 .00 EPSDT SUPPLEMENTAL SERVICE 0 .00 .000 Ω .00 0 .00 .00 .000 .00 RESPIRATORY CARE PRACT. .00 0 PED SUBACUTE REHAB/WEANING 0 .00 .00 .00 .000 .00 ALL OTHER PROVIDERS 845 91,005 78,668.58 .86 4.094 93.10 3.54 @CALIF. CHILDREN SERVICES\* 238 11,789 .530 \$ 913.67 \$ 217,454.47 18.45 9.78 1.702 \$ @XOVER EXCLUDING STATE HOSP\*\* 3,026 37,843 449,263.85 11.87 148.47 \$ 20.21

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

NEVADA COONTI	DOMMANT OF DER	VICES FOR ALL PARTITIES					~=
					MON		-
52,006 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	26 <b>,</b> 267	144,111 \$	8,033,267.55	\$ 55.74	2.771 \$		
@PHYSICIANS SERVICES	10,912	30,489 \$	, -,	\$ 36.96	.586 \$		•
OUTPATIENT VISITS	8,384	11,595	436,581.97	37.65	.223	52.07	8.39
OFFICE VISITS	5,610	7,441	227,001.89	30.51	.143	40.46	4.36
HOME VISITS	2	2	164.55	82.28	.000	82.28	.00
EMERGENCY ROOM	3 <b>,</b> 089	3 <b>,</b> 761	187,400.41	49.83	.072	60.67	3.60
PREVENTIVE CARE	6	6	268.96	44.83	.000	44.83	.01
OB VISITS/COMPRE PERI	136	212	16,375.01	77.24	.004	120.40	.31
OTHER OUTPATIENT	158	173	5,371.15	31.05	.003	33.99	.10
INPATIENT VISITS	423	1,459	91,761.17	62.89	.028	216.93	1.76
HOSPITAL VISITS	404	1,148	53,299.90	46.43	.022	131.93	1.02
CRITICAL CARE	45	311	38,461.27	123.67	.006	854.69	.74
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	134	162	6,844.30	42.25	.003	51.08	.13
EXAMINATIONS	132	160	6,803.01	42.52	.003	51.54	.13
SERVICES AND MATERIALS	2	2	41.29	20.65	.000	20.65	.00
INPATIENT HOSPITAL SURGERY	421	2,818	208,307.00	73.92	.054	494.79	4.01
PRINCIPAL SURGEON	283	356	169,104.53	475.01	.007	597.54	3.25
ASSISTANT SURGEON	37	36	6,266.81	174.08	.001	169.37	.12
ANESTHESIOLOGIST	162	2,426	32,935.66	13.58	.047	203.31	.63
OUTPATIENT SURGERY	1,018	3 <b>,</b> 642	141,112.11	38.75	.070	138.62	2.71
PRINCIPAL SURGEON	908	1,129	118,093.44	104.60	.022	130.06	2.27
ASSISTANT SURGEON	3	3	251.93	83.98	.000	83.98	.00
ANESTHESIOLOGIST	172	2,510	22,766.74	9.07	.048	132.36	.44
DIALYSIS	2	14	218.71	15.62	.000	109.36	.00
PATHOLOGY	991	1,713	28,543.77	16.66	.033	28.80	.55
RADIOLOGY	2,338	3,641	106,470.56	29.24	.070	45.54	2.05
PSYCHIATRY	8	8	586.32	73.29	.000	73.29	.01

IMMUNIZATION AND INJECTION	267	554	25,008.3	36 45.14	.011	93.66	.48
OTHER SERVICES/ALL X-OVERS	1,223	4,883	81,294.3	16.65	.094	66.47	1.56
@PHARMACY	11,672	40,867	\$ 1,759,719.	L9 \$ 43.06	.786	\$ 150.76	\$ 33.84
PRESCRIPTION DRUGS	11,590	26,714	1,736,123.3	64.99	.514	149.79	33.38
SNF/ICF	2	4	73.2	23 18.31	.000	36.62	.00
OUTPATIENTS	11,588	26,710	1,736,050.0	07 65.00	.514	149.81	33.38
MEDICAL SUPPLIES	282	14,153	23,595.8	39 1.67	.272	83.67	.45
@DENTIST	2,092	9,382	\$ 316,024.8	34 \$ 33.68	.180	\$ 151.06	\$ 6.08
VISITS - DIAGNOSTIC	1,490	5 <b>,</b> 887	99,260.2	16.86	.113	66.62	1.91
ORAL SURGERY	282	712	44,036.0	00 61.85	.014	156.16	.85
DRUGS	92	110	2,410.0	00 21.91	.002	26.20	.05
ANESTHESIA	8	10	825.0	00 82.50	.000	103.13	.02
PERIODONTICS	15	21	961.0	00 45.76	.000	64.07	.02
ENDODONTICS	149	288	37,996.2	25 131.93	.006	255.01	.73
RESTORATIVE DENTISTRY	754	2,011	108,355.	53.88	.039	143.71	2.08
PROSTHETICS	3	3	60.0	20.00	.000	20.00	.00
DENTURES, STAYPLATES	44	135	13,940.	103.26	.003	316.83	.27
SPACE MAINTAINERS	19	24	2,302.0	95.92	.000	121.16	.04
MAXILLOFACIAL SERVICES	2	2	98.0	10 49.00	.000	49.00	.00
FRACTURES, DISLOCATIONS	0	0	. (	.00	.000	.00	.00
ORTHODONTIC SERVICES	71	101	5,105.0	50.54	.002	71.90	.10
ALL OTHER SERVICES	72	78	675.0	8.65	.001	9.38	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		S MONTH-OF-PAYMEN	report for Jan	1 2004 THRU	DEC 2004	PAGE 9,190
MOP024	FEE-FOR-SERVICE/DEN	NTAL					03/14/05

NEVADA COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES

NEVADA COONTI	DOMMANT OF DEN	VICES FOR ALL PARTS							
							HLY AVERA	GE.	
52,006 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	ERAGE COST	/	S	COST PER		COST PER
		OR DAYS OF CARE		R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	555	•	\$ 37 <b>,</b> 175.70	\$ 22.54	.032	\$	66.98	\$	.71
DIAGNOSTIC AND ANC. PROCED	427	442	19,042.85	43.08	.008		44.60		.37
EYE APPLIANCES	418	1,193	17,895.35	15.00	.023		42.81		.34
OTHER OPTOMETRIC SERVICES	10	14	237.50	16.96	.000		23.75		.00
@CHIROPRACTOR	310		\$ .,	\$	.009	\$	26.04	\$	.16
VISITS	310	493	8,071.58	16.37	.009		26.04		.16
OTHER SERVICES	0	0	.00	.00	.000		.00		.00
@PODIATRIST	64	86	\$ 3 <b>,</b> 130.76	\$ 36.40	.002	\$	48.92	\$	.06
MEDICINE/INJECTIONS	61	69	2,230.32	32.32	.001		36.56		.04
SURGERY/ANES.	8	8	491.37	61.42	.000		61.42		.01
RADIO./PATHOLOGY	5	6	103.36	17.23	.000		20.67		.00
OTHER	3	3	305.71	101.90	.000		101.90		.01
@HOME HEALTH AGENCY	32	102	\$ 6 <b>,</b> 526.86	\$ 63.99	.002	\$	203.96	\$	.13
NURSE ANESTHESIST	0	0 :	\$ .00	\$ .00	.000	\$	.00	\$	.00
NURSE MIDWIFE	40	194	\$ 15 <b>,</b> 703.86	\$ 80.95	.004	\$	392.60	\$	.30
PEDIATRIC NURSE PRACTITIONER	1	1 :	\$ 57.20	\$ 57.20	.000	\$	57.20	\$	.00
FAMILY NURSE PRACTITIONER	174	212	\$ 5,340.11	\$ 25.19	.004	\$	30.69	\$	.10
@TOTAL HOSPITAL	6,689	31,369	\$ 3,813,733.83	\$ 121.58	.603	\$	570.15	\$	73.33
HOSP INPATIENT TOTAL	443	1,890	2,942,176.00	1556.71	.036		6641.48		56.57
HSC HOSPITALS	81	626	877,412.10	1401.62	.012		10832.25		16.87
NON-HSC HOSPITAL TOTAL	364	1,264	2,059,950.99	1629.71	.024		5659.21		39.61
ACCOMMODATIONS	364	1,264	517,669.91	409.55	.024		1422.17		9.95
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00		.00
ALL OTHER ACCOM	364	1,264	517,669.91	409.55	.024		1422.17		9.95
ANCILLARIES	364	0	1,542,281.08	.00	.000		4237.04		29.66
INPATIENT CROSSOVERS	6	0	4,812.91	.00	.000		802.15		.09
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	6,493	29 <b>,</b> 479		871 <b>,</b> 557.83	29		.567	134.23		6.76
MEDICAL	1,118	1,498		73,773.43	49	.25	.029	65.99		1.42
SURGERY	705	808		22 <b>,</b> 205.69	27	. 48	.016	31.50		.43
PATHOLOGY	2 <b>,</b> 586	9,481		123,125.02	12	. 99	.182	47.61		2.37
RADIOLOGY	1,959	2,729		189,279.18	69	.36	.052	96.62		3.64
ROOM USE	4,296	5 <b>,</b> 905		224,909.74	38	.09	.114	52.35		4.32
CROSSOVERS/ALL OTH OUTPTNT	2,778	9,058		238,264.77	26	. 30	.174	85.77		4.58
@COUNTY HOSPITAL TOTAL	19	110	\$	3,510.85	\$ 31	. 92	.002	\$ 184.78	\$	.07
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	19	110		3,510.85	31	. 92	.002	184.78		.07
MEDICAL	5	6		353.54	58	. 92	.000	70.71		.01
SURGERY	8	13		546.46	42	. 04	.000	68.31		.01
PATHOLOGY	7	35		795.85	22	.74	.001	113.69		.02
RADIOLOGY	3	6		161.41	26	. 90	.000	53.80		.00
ROOM USE	13	25		1,362.28	54	. 49	.000	104.79		.03
CROSSOVERS/ALL OTH OUTPTNT	12	25		291.31	11	. 65	.000	24.28		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITUR	RES MOI	NTH-OF-PAYMENT R	EPORT FOR	JAN 200	)4 THRU D	EC 2004	PAGE	9,191
MOP024	FEE-FOR-SERVICE/	DENTAL							03	/14/05
NEVADA COUNTY	SUMMARY OF SERVI	CES FOR ALL FAM	MILIES							
							MO	NTHLY AVERA	GE	
52,006 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE	COST UN	NITS/DAYS	COST PER	COST	PER

							-	
USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER		COST PER
	OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
6 <b>,</b> 674	31 <b>,</b> 259	\$	3,810,222.98	\$ 121.89	.601	\$ 570.91	\$	73.27
443	1,890		2,942,176.00	1556.71	.036	6641.48		56.57
81	626		877,412.10	1401.62	.012	10832.25		16.87
364	1,264		2,059,950.99	1629.71	.024	5659.21		39.61
364	1,264		517,669.91	409.55	.024	1422.17		9.95
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
364	1,264		517,669.91	409.55	.024	1422.17		9.95
364	0		1,542,281.08	.00	.000	4237.04		29.66
6	0		4,812.91	.00	.000	802.15		.09
0	0		.00	.00	.000	.00		.00
6 <b>,</b> 478	29,369		868,046.98	29.56	.565	134.00		16.69
1,113	1,492		73,419.89	49.21	.029	65.97		1.41
697	795		21,659.23	27.24	.015	31.07		.42
2,579	9,446		122,329.17	12.95	.182	47.43		2.35
1,956	2,723		189,117.77	69.45	.052	96.69		3.64
4,284	5,880		223,547.46	38.02	.113	52.18		4.30
2,768	9,033		237,973.46	26.34	.174	85.97		4.58
0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0	\$	88.88	\$ .00	.000	\$ .00	\$	.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
	443 81 364 364 0 0 364 364 6 0 6,478 1,113 697 2,579 1,956 4,284	OR DAYS OF CARE 6,674 443 1,890 81 626 364 1,264 0 0 0 364 364 1,264 364 0 0 0 6,478 29,369 1,113 1,492 697 2,579 9,446 1,956 2,723 4,284 5,880	OR DAYS OF CARE  6,674 443 1,890 81 626 364 1,264 0 0 0 0 364 1,264 364 0 0 0 0 364 364 1,264 364 0 0 0 0 364 364 1,264 364 0 0 0 0 36,478 29,369 1,113 1,492 697 795 2,579 9,446 1,956 2,723 4,284 2,768 9,033 0 0 0 0 \$	OR DAYS OF CARE  6,674 31,259 \$ 3,810,222.98 443 1,890 2,942,176.00 81 626 877,412.10 364 1,264 2,059,950.99 364 1,264 517,669.91 0 0 0 0 0 364 1,264 517,669.91 364 0 1,542,281.08 6 0 0 4,812.91 0 0 6,478 29,369 868,046.98 1,113 1,492 73,419.89 697 795 21,659.23 2,579 9,446 1,284 5,880 223,547.46 2,768 9,033 237,973.46 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE  6,674 31,259 443 1,890 2,942,176.00 1556.71 81 626 877,412.10 1401.62 364 1,264 2,059,950.99 1629.71 364 1,264 517,669.91 409.55 0 0 0 0 0 0 0 364 1,264 517,669.91 409.55 364 0 1,264 517,669.91 409.55 364 0 1,542,281.08 0 0 4,812.91 00 0 6,478 29,369 868,046.98 29,369 1,113 1,492 73,419.89 49.21 697 795 21,659.23 27,24 2,579 9,446 122,329.17 12.95 1,956 2,723 189,117.77 69.45 4,284 5,880 223,547.46 38.02 2,768 9,033 237,973.46 38.02 2,768 9,033 237,973.46 38.02 2,768 9,033 237,973.46 38.02 2,768 9,033 237,973.46 38.02 2,768 9,034 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE  6,674 31,259 \$ 3,810,222.98 \$ 121.89 .601 443 1,890 2,942,176.00 1556.71 .036 81 626 877,412.10 1401.62 .012 364 1,264 2,059,950.99 1629.71 .024 364 1,264 517,669.91 409.55 .024 0 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 364 1,264 517,669.91 409.55 .024 364 0 1,264 517,669.91 409.55 .024 364 1,264 517,669.91 409.55 .024 364 0 1,542,281.08 .00 .000 0 0 .00 .00 .000 0 0 4,812.91 .00 .000 6,478 29,369 868,046.98 29.56 .565 1,113 1,492 73,419.89 49.21 .029 697 795 21,659.23 27.24 .015 2,579 9,446 122,329.17 12.95 .182 1,956 2,723 189,117.77 69.45 .052 4,284 5,880 223,547.46 38.02 .113 2,768 9,033 237,973.46 26.34 .174 0 0 \$ .00 \$ .00 \$ .00 \$ .00 0 0 .00 \$ .00 \$ .00 0 0 .00 \$ .00 \$ .00 0 0 .00 \$ .00 \$ .00 0 0 .00 \$ .00 \$ .00 0 0 .00 \$ .00 \$ .00 0 0 .00 .00 0 0 .00 \$ .00 \$ .00 .00 0 0 0 .00 \$ .00 \$ .00 .00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES PER UNITI/DAY PER ELIG USER PER UNITI/DAY PER ELIG USER         COST PER UNITI/DAY PER ELIG USER           6,674         31,259 \$ 3,810,222.98 \$ 121.89 .601 \$ 570.91           443         1,890         2,942,176.00 .1556.71 .036 .6641.48           81         626 .877,412.10 .1401.62 .012 .012 .01832.25           364         1,264 .2059,950.99 .1629.71 .024 .5659.21           364 .1,264 .517,669.91 .409.55 .024 .1422.17           0         0         .00 .00 .000 .000 .000           364 .1,264 .517,669.91 .409.55 .024 .1422.17         .00 .00 .000 .000 .000           364 .1,264 .517,669.91 .409.55 .024 .1422.17         .00 .00 .000 .000 .000 .000           364 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	OR DAYS OF CARE  6,674  31,259 \$ 3,810,222.98 \$ 121.89 601 \$ 570.91 \$ 443 1,890 2,942,176.00 1556.71 .036 6641.48 81 626 877,412.10 1401.62 .012 10832.25 364 1,264 2,059,950.99 1629.71 .024 5659.21 364 1,264 517,669.91 409.55 .024 1422.17 0 .00 .00 .00 .00 .00 .00 .00 .00 .00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		88.88		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	7	27	\$	5,897.17	\$	218.41	.001	\$	842.45	\$	.11
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	7	27		5,897.17		218.41	.001		842.45		.11
@REHABILITATION FACILITY	16	119	\$	5,214.75	\$	43.82	.002	\$	325.92	\$	.10
HOSPITAL BASED	15	71		4,541.55		63.97	.001		302.77		.09
INDEPENDENT FACILITY	1	48		673.20		14.03	.001		673.20		.01
@LABORATORY FACILITY	983	2,202	\$	38,183.14	\$	17.34	.042	\$	38.84	\$	.73
PATHOLOGY	982	2,201		38,171.74		17.34	.042		38.87		.73
XO AND OTHERS	1	1		11.40		11.40	.000		11.40		.00
@ORGANIZED OUTPATIENT CLINIC	4,150	6,684	\$	684,864.72	\$	102.46	.129	\$	165.03	\$	13.17
CLINIC	1,641	2,749		86,433.12		31.44	.053		52.67		1.66
SURGICENTER	20	112		3,820.59		34.11	.002		191.03		.07
HEROIN DETOX CLINIC	1	7		102.20		14.60	.000		102.20		.00
RURAL HEALTH CLINIC	2,531	3,816		594,508.81		155.79	.073		234.89		11.43
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDIT	URES	MONTH-OF-PAYMENT	REPORT	FOR JAN 2004	THRU	DEC	2004	PI	AGE 9,192
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR	ALL F	TAMILI	ES							

NEVADA COUNTI	SUMMANT OF SEN	VICES FOR ALL PARILLE	5				
					MOI		-
52,006 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	2 <b>,</b> 573	20,235 \$	206,806.55	\$ 10.22	.389		\$ 3.98
DURABLE MED. EQUIP.	92	619	18,263.69	29.51	.012	198.52	.35
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	3	1,419.78	473.26	.000	473.26	.03
MEDICAL TRANSPORTATION	263	2,718	57,049.60	20.99	.052	216.92	1.10
AMBULANCES/AIR TRANS	260	2,696	39,003.36	14.47	.052	150.01	.75
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	16	22	18,046.24	820.28	.000	1127.89	.35
ACUPUNCTURE	1	1	27.03	27.03	.000	27.03	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	72	73	7,641.00	104.67	.001	106.13	.15
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	465	1,007	8,940.98	8.88	.019	19.23	.17
PHYSICAL THERAPIST	1	7	118.99	17.00	.000	118.99	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	57	70	6,971.11	99.59	.001	122.30	.13
PROSTHETICS	57	70	6,971.11	99.59	.001	122.30	.13
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	21	55	4,320.04	78.55	.001	205.72	.08
HOSPICE SERVICES	1	13	1,583.79	121.83	.000	1583.79	.03
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1 <b>,</b> 577	13,257	97,686.16	7.37	.255	61.94	1.88
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	63	2,412	2,784.38	1.15	.046	44.20	.05
@CALIF. CHILDREN SERVICES*	228	3,982 \$	535,028.22	\$ 134.36	.077	\$ 2346.62	\$ 10.29

@XOVER EXCLUDING STATE HOSP\*\* 125 1,273 \$ 14,236.66 \$ 11.18 .024 \$ 113.89 \$ .27

PAGE 9,193

----- MONTHLY AVERAGE -----

03/14/05

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

NEVADA COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

					MONT		
3,249 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS		COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,694	41,015 \$	627,167.02	\$ 15.29	12.624 \$		\$ 193.03
@PHYSICIANS SERVICES	732	1 <b>,</b> 735 \$	86,136.61	\$ 49.65	.534 \$		
OUTPATIENT VISITS	519	676	26,338.72	38.96	.208	50.75	8.11
OFFICE VISITS	319	392	12,109.57	30.89	.121	37.96	3.73
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	187	229	11,439.94	49.96	.070	61.18	3.52
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	19	29	1,983.56	68.40	.009	104.40	.61
OTHER OUTPATIENT	20	26	805.65	30.99	.008	40.28	.25
INPATIENT VISITS	49	128	6,451.60	50.40	.039	131.67	1.99
HOSPITAL VISITS	4.3	112	4,769.02	42.58	.034	110.91	1.47
CRITICAL CARE	2	9	1,550.53	172.28	.003	775.27	.48
SNF/ICF/TRANS IP CARE	5	7	132.05	18.86	.002	26.41	.04
OPHTHALMOLOGICAL SERVICES	10	10	454.07	45.41	.003	45.41	.14
EXAMINATIONS	10	10	454.07	45.41	.003	45.41	.14
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	37	227	26,941.37	118.68	.070	728.15	8.29
PRINCIPAL SURGEON	25	38	21,732.16	571.90	.012	869.29	6.69
ASSISTANT SURGEON	7	7	1,293.28	184.75	.002	184.75	.40
ANESTHESIOLOGIST	14	182	3,915.93	21.52	.056	279.71	1.21
OUTPATIENT SURGERY	73	158	10,721.61	67.86	.049	146.87	3.30
	66	86	8,980.61			136.07	2.76
PRINCIPAL SURGEON	0	0		104.43	.026		
ASSISTANT SURGEON	18	72	.00	.00	.000	.00	.00
ANESTHESIOLOGIST			1,741.00	24.18	.022	96.72	.54
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	54	95	1,569.75	16.52	.029	29.07	.48
RADIOLOGY	167	251	9,360.94	37.29	.077	56.05	2.88
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	21	50	915.39	18.31	.015	43.59	.28
OTHER SERVICES/ALL X-OVERS	76	140	3,383.16	24.17	.043	44.52	1.04
@PHARMACY	634	13,758 \$		\$ 6.11	4.235 \$		
PRESCRIPTION DRUGS	608	1,278	74 <b>,</b> 611.72	58.38	.393	122.72	22.96
SNF/ICF	10	96	6,763.76	70.46	.030	676.38	2.08
OUTPATIENTS	598	1,182	67 <b>,</b> 847.96	57.40	.364	113.46	20.88
MEDICAL SUPPLIES	64	12,480	9,452.71	.76	3.841	147.70	2.91
@DENTIST	95	487 \$	13,852.75	\$ 28.45	.150 \$		
VISITS - DIAGNOSTIC	71	295	4,874.00	16.52	.091	68.65	1.50
ORAL SURGERY	14	30	993.75	33.13	.009	70.98	.31
DRUGS	8	10	225.00	22.50	.003	28.13	.07
ANESTHESIA	1	2	100.00	50.00	.001	100.00	.03
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	9	20	1,797.00	89.85	.006	199.67	.55
RESTORATIVE DENTISTRY	34	111	4,893.00	44.08	.034	143.91	1.51
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	2	2	120.00	60.00	.001	60.00	.04

MAXILLOFACIAL SERVICES	1	2	150.00	75.00	.001	150.00	.05
FRACTURES, DISLOCATIONS	1	1	700.00	700.00	.000	700.00	.22
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	4	14	.00	.00	.004	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DE	C 2004	PAGE 9,194
MOP024	FEE-FOR-SERVICE/DENT.	AL					03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES	FOR ALL MEDICA	ALLY INDIGENT				

				MONTHLY AVERAGE -						
USERS	UNITS OF SERVICE	€	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
	OR DAYS OF CAR	€		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
23	83	\$	1,773.72	\$	21.37	.026	\$	77.12	\$	.55
20	21		884.92		42.14	.006		44.25		.27
21	62		888.80		14.34	.019		42.32		.27
0	0		.00		.00	.000		.00		.00
		\$	363.66	\$	16.53	.007	\$		\$	.11
14	22		363.66		16.53	.007		25.98		.11
0	0		.00		.00	.000		.00		.00
3	5	\$		\$		.002	\$	74.40	\$	.07
3	4					.001		69.40		.06
1	1									.00
0	0									.00
0	0									.00
7	380	\$	11,332.22	\$			\$		\$	3.49
0	0	\$	.00	\$			\$		\$	.00
3	6	\$	386.35	\$			\$		\$	.12
0	0	\$	.00	\$			\$		\$	.00
8		\$		\$			\$		\$	.08
	-	\$	-	\$			\$		\$	89.80
			·							70.40
			•							16.87
			•							53.53
27	114		55,375.61		485.75	.035		2050.95		17.04
	23 20 21	OR DAYS OF CARD 23 83 20 21 21 62 0 0 0 14 22 14 22 0 0 0 3 5 3 4 1 1 1 0 0 0 7 380 0 0 7 380 0 0 8 10 486 2,474 37 159 10 45 27 114	OR DAYS OF CARE  23 83 \$ 20 21 21 62 0 0 0 14 22 \$ 14 22 \$ 14 22 0 0 0 3 5 \$ 3 4 1 1 1 0 0 0 0 7 380 \$ 0 0 \$ 3 6 \$ 0 0 \$ 8 10 \$ 8 10 \$ 486 2,474 \$ 37 159 10 45 27 114	OR DAYS OF CARE  23	OR DAYS OF CARE  23	OR DAYS OF CARE         PER UNIT/DAY           23         83         \$ 1,773.72         \$ 21.37           20         21         884.92         42.14           21         62         888.80         14.34           0         0         .00         .00           14         22         \$ 363.66         \$ 16.53           14         22         363.66         16.53           0         0         .00         .00           3         5         \$ 223.20         \$ 44.64           3         4         208.20         52.05           1         1         15.00         15.00           0         0         .00         .00           0         0         .00         .00           7         380         \$ 11,332.22         \$ 29.82           0         0         \$ .00         \$ .00           3         6         \$ 386.35         \$ 64.39           0         \$ .00         \$ .00         \$ .00           8         10         \$ 256.43         \$ 25.64           486         2,474         \$ 291,765.01         \$ 117.93           37	USERS UNITS OF SERVICE OR DAYS OF CARE  23 83 \$ 1,773.72 \$ 21.37 .026 20 21 884.92 42.14 .006 21 62 888.80 14.34 .019 0 0 0 .00 .00 .00 .00 14 22 \$ 363.66 \$ 16.53 .007 14 22 \$ 363.66 \$ 16.53 .007 0 0 0 .00 .00 .00 .00 3 5 \$ 223.20 \$ 44.64 .002 3 4 208.20 52.05 .001 1 1 1 1 1 15.00 15.00 .000 0 0 .00 .00 0 0 .00 .00 0 0 .00 .0	USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES PER UNIT/DAY         AVERAGE COST UNITS/DAYS           23         83         \$ 1,773.72         \$ 21.37         .026         \$           20         21         884.92         42.14         .006         \$           21         62         888.80         14.34         .019         0         .00	USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES PER UNIT/DAY         AVERAGE COST UNITS/DAYS PER ELIG VISER         COST PER USER           23         83         \$ 1,773.72         \$ 21.37         .026         \$ 77.12           20         21         884.92         42.14         .006         44.25           21         62         888.80         14.34         .019         42.32           0         0         .00         .00         .00         .00           14         22         \$ 363.66         \$ 16.53         .007         \$ 25.98           14         22         363.66         \$ 16.53         .007         25.98           14         22         363.66         \$ 16.53         .007         25.98           0         0         .00         .00         .00         .00           3         5         \$ 223.20         \$ 44.64         .002         \$ 74.40           3         4         208.20         52.05         .001         69.40           1         1         15.00         .00         .00         .00           0         0         .00         .00         .00         .00         .00 <tr< td=""><td>USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES PER UNIT/DAY         AVERAGE COST UNITS/DAYS         COST PER PER UNIT/DAY         COST PER ELIG         USER           23         83         \$ 1,773.72         \$ 21.37         .026         \$ 77.12         \$           20         21         884.92         42.14         .006         44.25           21         62         888.80         14.34         .019         42.32           0         0         .00         .00         .00         .00         .00           14         22         \$ 363.66         \$ 16.53         .007         \$ 25.98         \$           14         22         363.66         \$ 16.53         .007         25.98         \$           0         0         .00         .00         .00         .00         .00           3         5         \$ 223.20         \$ 44.64         .002         \$ 74.40         \$           3         4         208.20         52.05         .001         69.40           1         1         15.00         .00         .00         .00           0         0         .00         .00         .00         .00         .00     <!--</td--></td></tr<>	USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES PER UNIT/DAY         AVERAGE COST UNITS/DAYS         COST PER PER UNIT/DAY         COST PER ELIG         USER           23         83         \$ 1,773.72         \$ 21.37         .026         \$ 77.12         \$           20         21         884.92         42.14         .006         44.25           21         62         888.80         14.34         .019         42.32           0         0         .00         .00         .00         .00         .00           14         22         \$ 363.66         \$ 16.53         .007         \$ 25.98         \$           14         22         363.66         \$ 16.53         .007         25.98         \$           0         0         .00         .00         .00         .00         .00           3         5         \$ 223.20         \$ 44.64         .002         \$ 74.40         \$           3         4         208.20         52.05         .001         69.40           1         1         15.00         .00         .00         .00           0         0         .00         .00         .00         .00         .00 </td

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	27	114	55,375.61	485.75	.035	2050.95	17.04
ANCILLARIES	27	0	118,539.52	.00	.000	4390.35	36.48
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0 0 466 84	0 2 <b>,</b> 315	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	466	2.315	63,048.88	27.23	.713	135.30	19.41
MEDICAL	84	105	3,349.73	31.90	.032	39.88	1.03
SURGERY	54	59	1,423.36	24.12	.018	26.36	.44
PATHOLOGY	218	774	10,185.95	13.16	238	16 72	3.14
RADIOLOGY	122	177	13,386.59	75.63	.054	109.73	4.12
ROOM USE	323	481	17,333.35	36.04	.148	53.66	5.33
CROSSOVERS/ALL OTH OUTPTNT		719	17,369.90	24.16	.221	93.39	5.35
@COUNTY HOSPITAL TOTAL	1	3 \$	105.37	\$ 35.12	.001 \$		
CO HOSPITAL INPATIENT TOTAL	<del>-</del>			.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.000		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00 .00 .00 .00 .00 .00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00 105.37	.00	.000	.00 .00 105.37 31.59	.00
CO HOSP OUTPATIENT TOTAL	1	3	105.37	35.12	.001	105.37	.03
MEDICAL	1	1	31.59	31.59	.000	31.59	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	52.52	52.52	.000	52.52	.02
CROSSOVERS/ALL OTH OUTPINT	1	1	21.26	21.26	.000	21.26	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT R	REPORT FOR JAN	2004 THRU DE	EC 2004	PAGE 9,195
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR ALL MEDICA	ALLY INDIGENT				
					MON	THLY AVERA	GE
3,249 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	485	2,471 \$	291,659.64	\$ 118.03	.761 \$	601.36	\$ 89.77
COMM HOSP INPATIENT TOTAL	37	159	228,716.13	1438.47	.049	6181.52	70.40
HSC HOSPITALS	10	45	54,801.00	1438.47 1217.80	.014	5480.10	16.87
NON-HSC HOSPITALS TOTAL	27	114	173,915.13	1525.57 485.75	.035	6441.30	53.53
ACCOMMODATIONS	27	114	55,375.61	485.75	.035	2050.95	17.04
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	27	114	55,375.61	485.75	.035	2050.95	17.04
ANCILLARIES	27	2,471 \$ 159 45 114 114 0 0 114 0	118,539.52	.00	.000	4390.35	36.48
INPATIENT CROSSOVERS	2 / N	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	465	2,312	62,943.51	27.22	.712	135.36	19.37
MEDICAL	83	104	3,318.14	31.91	.032	39.98	1.02
MEDICAL	0.3 5.4	104	1 422 26	24 12	.032	39.90	1.02

218

122

322

185

0

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774

177

480

718

0

SURGERY

PATHOLOGY

RADIOLOGY

@STATE HOSPITAL

CROSSOVERS/ALL OTH OUTPINT

ROOM USE

1,423.36 10,185.95

13,386.59

17,280.83

17,348.64

.00 \$

24.12

13.16

75.63

36.00

24.16

.00

.018

.238

.054

.148

.221

.000 \$

26.36

46.72

53.67

93.78

.00 \$

109.73

.44

3.14

4.12

5.32

5.34

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MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	14	514	\$	56,515.14	\$	109.95	.158	\$	4036.80	\$	17.39
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	14	514		56,515.14		109.95	.158		4036.80		17.39
	0	0	\$	•	Ś			ċ		ċ	
@INTERMEDIATE CARE FACILDD	0	0	Ş	.00	Ş	.00	.000	Ş	.00	Þ	.00
ICF DDH	•	•		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	15	99	\$	1,778.38	\$	17.96	.030	\$	118.56	\$	.55
HOSPITAL BASED	3	26		542.00		20.85	.008		180.67		.17
INDEPENDENT FACILITY	12	73		1,236.38		16.94	.022		103.03		.38
@LABORATORY FACILITY	74	145	\$	2,619.04	\$	18.06	.045	\$	35.39	\$	.81
PATHOLOGY	74	145		2,619.04	·	18.06	.045		35.39		.81
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	183	382	Ś	25,310.45	\$		.118	¢	138.31	Ġ	7.79
CLINIC	101	256	Ÿ	6,848.14	Ÿ	26.75	.079	Ÿ	67.80	Y	2.11
SURGICENTER	0	0		.00		.00	.000		.00		.00
	0	0									
HEROIN DETOX CLINIC	•	•		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	87	126		18,462.31		146.53	.039		212.21		5.68
#CALIF DEPT OF HEALTH SERV			RES I	MONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2004 THRU D	EC	2004	PP	AGE 9,196
MOP024	FEE-FOR-SERVICE										03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR ALL ME	DICA	LLY INDIGENT			140			C.E.	
2 240 BLIGIBLES	HORDO	INITES OF SERVICE	_		7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	DAGE GOOD	MO				
3,249 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	C			COST PER
	1.54	OR DAYS OF CAR		50 500 60		R UNIT/DAY	_		USER		ELIGIBLE
@ALL OTHER PROVIDERS	154	20,915	\$	50,789.63	\$		6.437	Ş	329.80	Ş	15.63
DURABLE MED. EQUIP.	22	79		6,004.55		76.01	.024		272.93		1.85
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	20	758		4,223.73		5.57	.233		211.19		1.30
AMBULANCES/AIR TRANS	18	370		3,479.63		9.40	.114		193.31		1.07
OTHER TRANS	2	388		744.10		1.92	.119		372.05		.23
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	9	9		945.00		105.00	.003		105.00		.29
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
	33	71		616.70							
OPTICIAN	33					8.69	.022		18.69		.19
PHYSICAL THERAPIST	•	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00
DDOCTUETTOC	0	0		0.0		0.0	$\cap \cap \cap$		0.0		$\cap \cap$

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PROSTHETICS

HOSPICE SERVICES

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

ORTHOTICS

PSYCHOLOGIST

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LOCAL EDUCATION AGENCIES	67	13,980	35,149.43	2.51	4.303	524.62	10.82
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	14	6,012	2,318.65	.39	1.850	165.62	.71
@CALIF. CHILDREN SERVICES*	67	3,189	\$ 42,418.15	\$ 13.30	.982	\$ 633.11	\$ 13.06
@XOVER EXCLUDING STATE HOSP**	2	2	\$ 69.30	\$ 34.65	.001	\$ 34.65	\$ .02

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,197 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

NEVADA COUNTY	SUMMARY OF SERVI	ICES FOR RENAL DIALYS	IS	AID CODES	71		, ,
					MONT	THLY AVERAGE	<b>Ξ</b>
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$	.00	\$ .00	.000 \$	.00	
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00	\$ .00	.000 \$	.00	
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MONTH	-OF-PAYMENT REPOR	RT FOR JAN 20	04 THRU D	EC 2004	PAGE 9,198
MOP024	FEE-FOR-SERVICE/DENTAI						03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FO	OR RENAL DIALYSIS		AID CODES 7	1		
					MO	NTHLY AVERAG	E

						M	ONT	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000	·	.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	Λ	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES MONT					PAGE 9,199
MOP024	FEE-FOR-SERVICE/DEN		II OF TAIMENT NE	TORT FOR OAN 2	LOO4 IIIKO DE	C 2004	03/14/05
NEVADA COUNTY		FOR RENAL DIALYSIS		AID CODES	71		03/11/03
NEVIBII COCNTI	DOIMMING OF BEHAVIORS			1110 00000	MON	THIY AVERA	GE
00							-
00 ELIGIBLES	HSERS HNI	TS OF SERVICE	EXPENDITIBES	AVERAGE COST	IINTTS/DAYS	COST PER	COST PER
00 ELIGIBLES		TS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL			.00	PER UNIT/DAY \$ .00	PER ELIG .000 \$	USER .00	ELIGIBLE \$ .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL		DAYS OF CARE	.00	PER UNIT/DAY \$ .00 .00	PER ELIG .000 \$	USER .00 .00	ELIGIBLE \$ .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS		DAYS OF CARE	.00	PER UNIT/DAY \$ .00 .00 .00	PER ELIG .000 \$ .000 .000	USER .00 .00	ELIGIBLE \$ .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL		DAYS OF CARE	.00 .00 .00	PER UNIT/DAY \$ .00 .00 .00 .00	PER ELIG .000 \$ .000 .000	USER .00 .00 .00	ELIGIBLE \$ .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS		DAYS OF CARE	.00 .00 .00 .00	PER UNIT/DAY \$ .00 .00 .00 .00 .00	PER ELIG .000 \$ .000 .000 .000	USER .00 .00 .00 .00 .00	ELIGIBLE \$ .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS		DAYS OF CARE	.00 .00 .00 .00 .00	PER UNIT/DAY \$ .00 .00 .00 .00 .00	PER ELIG .000 \$ .000 .000 .000 .000	USER .00 .00 .00 .00 .00 .00	ELIGIBLE \$ .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE		DAYS OF CARE	.00 .00 .00 .00 .00	PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00	PER ELIG .000 \$ .000 .000 .000 .000 .000	USER .00 .00 .00 .00 .00 .00 .00	ELIGIBLE \$ .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM		DAYS OF CARE	.00 .00 .00 .00 .00 .00	PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00	PER ELIG .000 \$ .000 .000 .000 .000 .000 .000	USER .00 .00 .00 .00 .00 .00 .00 .00	\$ .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE		DAYS OF CARE	.00 .00 .00 .00 .00 .00	PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00	PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .000 .000	USER .00 .00 .00 .00 .00 .00 .00 .00 .00	\$ .00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES		DAYS OF CARE	.00 .00 .00 .00 .00 .00	PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00	PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	USER .00 .00 .00 .00 .00 .00 .00 .00	\$ .00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS		DAYS OF CARE	.00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .000 .000	USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$ .00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT		DAYS OF CARE	.00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	JRES MONTH-	OF-PAYMENT RE	PORT	FOR JAN 200	4 THRU	DEC	2004	PAGE	9,200
MOP024	FEE-FOR-SERVICE/DENTAL									0	3/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR	RENAL	DIALYSIS			AID CODES 71					
							N	ONTE	HLY AVERA	GE	

						MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDI'	TURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	5	.00	\$ .00	.000 \$	.00	\$ .00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,201 FEE-FOR-SERVICE/DENTAL

03/14/05

NEVADA COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

NEVADA COUNTI	SUMMARI OF SERVIC	ES FOR TOTAL PAREN.	LERAL NUIRIIION	AID CODES	13		
					MONT	HLY AVERAG!	E
00 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0		0		.00		.00	.000		.00		.00
@DENTIST	0		0	\$	.00	Ś	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0		0	ې	.00	۲	.00	.000	۲	.00	ې	.00
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
	0		0							.00		
ANESTHESIA	0		-		.00		.00	.000				.00
PERIODONTICS	•		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENI	DITU	RES MOI	NTH-OF-PAYMENT R	REPOR'	T FOR JAN 2	2004 THRU	DEC	2004	P	AGE 9,202
MOP024	FEE-FOR-SERVICE/	DENTAL										03/14/05
NEVADA COUNTY	SUMMARY OF SERVI	CES FOR TO	ΓAL	PARENTI	ERAL NUTRITION		AID CODES	73				
								N	TNO	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SE	RVIC	E	EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	'S	COST PER		COST PER
		OR DAYS OF	CAR	E		PE:	R UNIT/DAY	PER ELIC	3	USER		ELIGIBLE
@OPTOMETRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0	·	.00	·	.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000	\$	.00	Ś	.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	Ś	.00
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0		0	Ś	.00	Ś	.00	.000	Ś	.00	Ś	.00
HOSP INPATIENT TOTAL	0		0	Υ	.00	۲	.00	.000	۲	.00	۲	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0									
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	ŭ		0		.00		.00	.000		.00		.00
ANCILLARIES	0		U		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00

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ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	
CO HOSPITAL INPATIENT TOTAL	•	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS		•					
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON					PAGE 9,203
MOP024	FEE-FOR-SERVICE		VIII OI IIIIIIIVI KE	101(1 101( 0111 2	OOT THICO DEC	2001	03/14/05
NEVADA COUNTY		ICES FOR TOTAL PARENTE	וא אוויד דיד אווי	AID CODES	73		03/14/03
NEVADA COUNTI	SOMMANI OF SERV.	ICES FOR TOTAL PARENTE	MAL NOTHITON		MONTI	TIV VILDVC	₽
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
00 FILGIBLES	OSEKS	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
ACOMMINITAL HORDINAL MODAL	0	OR DAIS OF CARE	0.0	\$ .00	.000 \$		\$ .00
@COMMUNITY HOSPITAL TOTAL	0	•	.00				
COMM HOSP INPATIENT TOTAL		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
		^			0.00	0.0	.00
COMM HOSP OUTPATIENT TOTAL	0	U	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0 0 0	0	.00	.00	.000	.00	.00
MEDICAL SURGERY	· ·	-	.00	.00	.000	.00	.00
MEDICAL SURGERY PATHOLOGY	0	0	.00 .00 .00	.00 .00 .00	.000 .000 .000	.00 .00 .00	.00 .00 .00
MEDICAL SURGERY PATHOLOGY RADIOLOGY	0 0 0	0 0 0	.00 .00 .00	.00 .00 .00	.000 .000 .000	.00 .00 .00	.00 .00 .00
MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	0 0 0 0	0 0 0 0	.00 .00 .00 .00	.00 .00 .00 .00	.000 .000 .000 .000	.00 .00 .00 .00	.00 .00 .00 .00
MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0 0 0 0	0 0 0 0 0	.00 .00 .00 .00 .00	.00 .00 .00 .00 .00	.000 .000 .000 .000 .000	.00 .00 .00 .00	.00 .00 .00 .00 .00
MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0 0 0 0 0	0 0 0 0 0 0	.00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00
MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	0 0 0 0 0	0 0 0 0 0 0 0 \$	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 \$ .00	.000 .000 .000 .000 .000 .000 .000 \$	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 \$ .00
MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	0 0 0 0 0	0 0 0 0 0 0 0 \$ 0	.00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 \$ .00 .00	.000 .000 .000 .000 .000 .000 \$	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 \$ .00
MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	0 0 0 0 0	0 0 0 0 0 0 0 \$ 0	.00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 \$ .00 .00 .00	.000 .000 .000 .000 .000 .000 \$ .000 .000	.00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 \$ .00 .00
MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	0 0 0 0 0	0 0 0 0 0 0 0 \$ 0	.00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 \$ .00 .00	.000 .000 .000 .000 .000 .000 \$	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 \$ .00

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LEV B-SUBACUTE FREESTANDING

LEV B-SUBACUTE HSPTL BASED

LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

ICF DDH

ICF DD

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDIT	URES MO	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU I	EC 2004		PAGE	9,204
MOP024	FEE-FOR-SERVICE/DENT	AL								03	3/14/05
MOP024 NEVADA COUNTY	FEE-FOR-SERVICE/DENT SUMMARY OF SERVICES		PAREN'	TERAL NUTRITION		AID CODES	73			03	/14/05
NEVADA COUNTY	SUMMARY OF SERVICES	FOR TOTAL					MC			.GE	
	SUMMARY OF SERVICES			TERAL NUTRITION  EXPENDITURES		AID CODES	MC			.GE	3/14/05  PER
NEVADA COUNTY	SUMMARY OF SERVICES  USERS UNIT	FOR TOTAL	CE	EXPENDITURES	AVE	RAGE COST .UNIT/DAY	MOUNITS/DAYS	COST :	PER R	GE COST ELIG	PER
NEVADA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS	SUMMARY OF SERVICES  USERS UNIT	FOR TOTAL	CE	EXPENDITURES	AVE	RAGE COST UNIT/DAY	MC UNITS/DAYS PER ELIG .000	COST : USE	PER R .00	GE COST	PER GIBLE
NEVADA COUNTY  00 ELIGIBLES	SUMMARY OF SERVICES  USERS UNIT	FOR TOTAL	CE	EXPENDITURES .00	AVE	RAGE COST UNIT/DAY .00 .00	UNITS/DAYS PER ELIG .000 .000	COST : USE \$	PER R .00	GE COST ELIG	PER GIBLE .00
NEVADA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	SUMMARY OF SERVICES  USERS UNIT	FOR TOTAL	CE	EXPENDITURES .00 .00 .00	AVE	RAGE COST UNIT/DAY .00 .00	MC UNITS/DAYS PER ELIG .000 .000	COST : USE: \$	PER R .00 .00	GE COST ELIG	PER FIBLE .00 .00
NEVADA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	SUMMARY OF SERVICES  USERS UNIT	FOR TOTAL	CE	EXPENDITURES .00 .00 .00	AVE	RAGE COST UNIT/DAY .00 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000	S COST : USEI \$	PER R .00 .00	GE COST ELIG	PER GIBLE .00 .00 .00
NEVADA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	SUMMARY OF SERVICES  USERS UNIT	FOR TOTAL	CE	EXPENDITURES .00 .00 .00 .00 .00	AVE	RAGE COST .UNIT/DAY .00 .00 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000 .000	S COST : USE	PER .00 .00 .00	GE COST ELIG	PER SIBLE .00 .00 .00
NEVADA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	SUMMARY OF SERVICES  USERS UNIT	FOR TOTAL	CE	EXPENDITURES .00 .00 .00 .00 .00 .00	AVE	RAGE COST .UNIT/DAY .00 .00 .00 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000	COST : USE	PER R .00 .00 .00 .00	GE COST ELIG	PER BIBLE .00 .00 .00 .00
NEVADA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	SUMMARY OF SERVICES  USERS UNIT	FOR TOTAL	CE	EXPENDITURES .00 .00 .00 .00 .00 .00 .00	AVE	RAGE COST .UNIT/DAY .00 .00 .00 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000	S COST : USE	PER R .00 .00 .00 .00 .00	GE COST ELIG	PER SIBLE .00 .00 .00 .00
NEVADA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	SUMMARY OF SERVICES  USERS UNIT	FOR TOTAL	CE	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE	RAGE COST .UNIT/DAY .00 .00 .00 .00 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000	S COST : USE	PER R00 .00 .00 .00 .00 .00	GE COST ELIG	PER BIBLE .00 .00 .00 .00 .00 .00
NEVADA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	SUMMARY OF SERVICES  USERS UNIT	FOR TOTAL	CE	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE	RAGE COST .UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S COST : USE	PER R00 .00 .00 .00 .00 .00 .00	GE COST ELIG	PER BIBLE .00 .00 .00 .00 .00 .00
NEVADA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	SUMMARY OF SERVICES  USERS UNIT	FOR TOTAL	CE	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE	RAGE COST .UNIT/DAY .00 .00 .00 .00 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000	S COST : USE	PER R00 .00 .00 .00 .00 .00	GE COST ELIG	PER BIBLE .00 .00 .00 .00 .00 .00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00 \$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,205
MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

----- MONTHLY AVERAGE -----00 ELIGIBLES EXPENDITURES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER OR DAYS OF CARE ELIGIBLE 0 @TOTAL, ALL PROVIDERS .00 \$ .00 .000 \$ .00 \$ .00 @PHYSICIANS SERVICES 0 0 .00 \$ .00 .000 \$ .00 \$ .00 .00 OUTPATIENT VISITS .00 .000 .00 .00 OFFICE VISITS .00 .00 .000 .00 .00 .00 HOME VISITS .00 .00 .000 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 .00 .00 .000 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 .00 .00 .00 INPATIENT VISITS .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .000 .00 CRITICAL CARE .00 .00 .00 .00 .00 .00 SNF/ICF/TRANS IP CARE .000 .00 .00 .000 .00 OPHTHALMOLOGICAL SERVICES .00 EXAMINATIONS .00 .00 .000 .00 .00 SERVICES AND MATERIALS .00 .00 .00 .00 .000 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 ASSISTANT SURGEON .000 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 .00 .00 .000 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .000 ASSISTANT SURGEON .00 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST .000 .00 .00 .00 .000 DIALYSIS .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY 0 .00 .00 .000 .00 .00 PSYCHIATRY .00 .000 .00 .00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITUR	ES MONTH-	OF-PAYMENT RE	PORT FOR JA	N 2004 THRU	DEC 2004	PAGE 9,206
MOP024	FEE-FOR-SERVICE/DENT.	AL						03/14/05

AID CODES 51 52 56 57

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----- MONTHLY AVERAGE -----

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SUMMARY OF SERVICES FOR IRCA ALIENS

NEVADA COUNTY

ALL OTHER INPATIENT

00 ELIGIBLES EXPENDITURES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER OR DAYS OF CARE ELIGIBLE 0 0 .00 @OPTOMETRIST .00 .000 \$ .00 \$ .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 .00 \$ @CHIROPRACTOR .00 \$ .00 .000 \$ .00 .00 VISITS .00 .00 .000 .00 .00 .00 .000 .00 .00 OTHER SERVICES @PODIATRIST 0 .00 \$ .00 .000 \$ .00 \$ .00 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 .00 .00 .00 SURGERY/ANES. .000 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 .00 .00 .000 \$ .00 \$ @HOME HEALTH AGENCY NURSE ANESTHESIST 0 .00 .00 .000 \$ .00 \$ \$ .00 .000 NURSE MIDWIFE 0 .00 \$ .00 \$ .00 .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .000 .00 .00 FAMILY NURSE PRACTITIONER .00 .00 .000 \$ .00 .00 .00 \$ @TOTAL HOSPITAL .00 .00 .000 \$ .00 HOSP INPATIENT TOTAL .00 .00 .00 .000 0 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL 0 .00 .00 .00 .000 .00 ACCOMMODATIONS .00 .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .000 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00

HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 :	\$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	S MONTH-OF-	PAYMENT RE	PORT FOR JAN	2004 THRU DEC	2004	PAGE 9,207
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR	IRCA ALI	ENS	AID C	ODES 51 52 56			
						MONT	HLY AVERAG	E

					MONT	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
LEV B-REGULAR	0	0		.00	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00 \$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00	.00	.000		.00		.00
ICF DD	0	0		.00	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00 \$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00 \$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00 \$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00	.00	.000		.00		.00
XO AND OTHERS	0	0		.00	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00 \$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00	.00	.000		.00		.00
SURGICENTER	0	0		.00	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUF	ES MONTH-OF	-PAYMENT REPO	RT FOR JAN 2004	THRU	DEC 200	4	PAGE	9,208
MOP024	FEE-FOR-SERVICE/DENTAL								03	/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR	IRCA AI	IENS	AID COD	ES 51 52 56 57					

NEVADA COUNTI	SOUTHWILL OF SELV	VICES FOR INCA AL.	Chin	AID V	20DE2 JI JZ J0	J /		
						MON	THLY AVERAG	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PE
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBL
@ALL OTHER PROVIDERS	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .0
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.0
BLOOD BANK	0	0		.00	.00	.000	.00	.0
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.0
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.0
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.0
OTHER TRANS	0	0		.00	.00	.000	.00	.0
OTHER SERVICES	0	0		.00	.00	.000	.00	.0
ACUPUNCTURE	0	0		.00	.00	.000	.00	.0
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.0
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.0
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	. 0
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.0
OPTICIAN	0	0		.00	.00	.000	.00	.0
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.0
PORTABLE X-RAY	0	0		.00	.00	.000	.00	. (
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	. (
PROSTHETICS	0	0		.00	.00	.000	.00	.0
ORTHOTICS	0	0		.00	.00	.000	.00	. (
PSYCHOLOGIST	0	0		.00	.00	.000	.00	. (
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	. (
HOSPICE SERVICES	0	0		.00	.00	.000	.00	. (
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	. (
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	. (
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.0
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.0
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.0
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.0
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .0

@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$

03/14/05

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,209

MOP024 FEE-FOR-SERVICE/DENTAL

NEVADA COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

001111111111111111111111111111111111111	111,111,111		0022 00 00 01	MON	THLY AVERA	GE
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG		ELIGIBLE
104	876 \$	84,017.73	\$ 95.91	3.696 \$	807.86	\$ 354.51
55	186 \$	11,535.25	\$ 62.02	.785 \$	209.73	\$ 48.67
26	34	2,068.44	60.84	.143	79.56	8.73
10	12	360.19	30.02	.051	36.02	1.52
0	0	.00	.00	.000	.00	.00
5	6	271.13	45.19	.025	54.23	1.14
0	0	.00	.00	.000	.00	.00
9	11	1 <b>,</b> 257.75	114.34	.046	139.75	5.31
4	5	179.37	35.87	.021	44.84	.76
9						3.38
9	20					3.38
0	0		.00			.00
0	0					.00
0	0					.00
0	0					.00
0	0					.00
9	14	•				27.14
7	7	-				26.09
0	0					.00
2	7					1.05
10						3.93
8	10	552.46	55.25	.042	69.06	2.33
	55 26	OR DAYS OF CARE  104 876 \$ 55 186 \$ 26 34 10 12 0 0 0 5 6 0 0 0 9 11 4 5 9 20 9 20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE  104	OR DAYS OF CARE         PER UNIT/DAY           104         876         \$ 84,017.73         \$ 95.91           55         186         \$ 11,535.25         \$ 62.02           26         34         2,068.44         60.84           10         12         360.19         30.02           0         0         .00         .00           5         6         271.13         45.19           0         0         .00         .00           9         11         1,257.75         114.34           4         5         179.37         35.87           9         20         801.31         40.07           9         20         801.31         40.07           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00 <t< td=""><td>USERS         UNITS OF SERVICE OR DAYS         EXPENDITURES PER UNIT/DAY         AVERAGE COST UNITS/DAYS PER ELIG           104         876         \$ 84,017.73         \$ 95.91         3.696         \$           55         186         \$ 11,535.25         \$ 62.02         .785         \$           26         34         2,068.44         60.84         .143           10         12         360.19         30.02         .051           0         0         .00         .00         .00           5         6         271.13         45.19         .025           0         0         .00         .00         .00           9         11         1,257.75         114.34         .046           4         5         179.37         35.87         .021           9         20         801.31         40.07         .084           9         20         801.31         40.07         .084           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .0</td><td>OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           104         876         \$ 84,017.73         \$ 95.91         3.696         \$ 807.86           55         186         \$ 11,535.25         \$ 62.02         .785         \$ 209.73           26         34         2,068.44         60.84         .143         79.56           10         12         360.19         30.02         .051         36.02           0         0         .00         .00         .00         .00         .00           5         6         271.13         45.19         .025         54.23         .00<!--</td--></td></t<>	USERS         UNITS OF SERVICE OR DAYS         EXPENDITURES PER UNIT/DAY         AVERAGE COST UNITS/DAYS PER ELIG           104         876         \$ 84,017.73         \$ 95.91         3.696         \$           55         186         \$ 11,535.25         \$ 62.02         .785         \$           26         34         2,068.44         60.84         .143           10         12         360.19         30.02         .051           0         0         .00         .00         .00           5         6         271.13         45.19         .025           0         0         .00         .00         .00           9         11         1,257.75         114.34         .046           4         5         179.37         35.87         .021           9         20         801.31         40.07         .084           9         20         801.31         40.07         .084           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .0	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           104         876         \$ 84,017.73         \$ 95.91         3.696         \$ 807.86           55         186         \$ 11,535.25         \$ 62.02         .785         \$ 209.73           26         34         2,068.44         60.84         .143         79.56           10         12         360.19         30.02         .051         36.02           0         0         .00         .00         .00         .00         .00           5         6         271.13         45.19         .025         54.23         .00 </td

0	0		.00		.00	.000	.00		.00
3	69		379.38		5.50	.291	126.46		1.60
0	0		.00		.00	.000	.00		.00
9	11		254.49		23.14	.046	28.28		1.07
16	21		561.29		26.73	.089	35.08		2.37
0	0		.00		.00	.000	.00		.00
1	1		117.51		117.51	.004	117.51		.50
5	6		368.27		61.38	.025	73.65		1.55
13	22	\$	971.98	\$	44.18	.093	\$ 74.77	\$	4.10
13	22		971.98		44.18	.093	74.77		4.10
0	0		.00		.00	.000	.00		.00
13	22		971.98		44.18	.093	74.77		4.10
0	0		.00		.00	.000	.00		.00
0	3	\$	594.00	\$	198.00	.013	\$ .00	\$	2.51
0	5CR		10.00		2.00CR	.021C			.04
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	4								1.20
0	4		300.00		75.00	.017			1.27
0	0		.00		.00	.000			.00
0	0				.00	.000			.00
0	0								.00
0	0								.00
0	0								.00
0	0								.00
0	0								.00
	PENDITUR	RES MO	NTH-OF-PAYMENT RI	EPOR'	r for jan 2	004 THRU 1	DEC 2004		•
								0	3/14/05
SUMMARY OF SERVICES FOR	MI/MN A	LIEN	WITHOUT SIS AID	CODE	55 58 5F				
	0 1 5 13 13 0 13 0 13 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 9 11 1 1 1 6 21 0 0 0 1 1 1 1 5 6 6 13 22 13 22 13 22 13 22 0 0 0 13 22 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 9 11 11 16 21 0 0 0 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 69 379.38 0 0 0 .00 9 11 254.49 16 21 561.29 0 0 0 .00 1 1 1 1 177.51 5 6 368.27 13 22 \$ 971.98 13 22 \$ 971.98 0 0 0 .00 13 22 971.98 0 0 0 .00 13 22 971.98 0 0 0 .00 0 13 \$ 594.00 0 0 .00 0 5CR 10.00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 0	3 69 379.38 0 0 0 .00 9 11 254.49 16 21 561.29 0 0 0 .00 1 1 1 1 17.51 5 6 368.27 13 22 \$ 971.98 \$ 13 22 \$ 971.98 0 0 0 .00 13 22 971.98 0 0 0 .00 13 22 971.98 0 0 0 .00	3 69 379.38 5.50 0 0 0 .00 .00 9 11 254.49 23.14 16 21 561.29 26.73 0 0 0 .00 .00 1 1 1 17.51 117.51 5 6 368.27 61.38 13 22 \$ 971.98 \$ 44.18 13 22 \$ 971.98 \$ 44.18 0 0 0 .00 .00 13 22 971.98 44.18 0 0 0 .00 .00 13 22 971.98 44.18 0 0 0 .00 .00 .00 0 3 \$ 594.00 \$ 198.00 0 5CR 10.00 \$ .00 0 0 .0	3 69 379.38 5.50 .291 0 0 0 .00 .00 .000 9 11 254.49 23.14 .046 16 21 561.29 26.73 .089 0 0 0 .00 .00 .00 .000 1 1 1 17.51 117.51 .004 5 6 368.27 61.38 .025 13 22 \$ 971.98 \$ 44.18 .093 13 22 \$ 971.98 \$ 44.18 .093 0 0 0 .00 .00 .00 .00 13 22 971.98 44.18 .093 0 0 0 .00 .00 .00 .00 13 22 971.98 44.18 .093 0 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .	3	3 69 379.38 5.50 .291 126.46 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00

NEWIDII COUNTI	BOINDING OF BLICE	TODO TOR HIT	1111 111111	WIIIIOOI BIB 71IB	CODE	33 30 31	M		HLY AVERA	CF	
237 ELIGIBLES	USERS	UNITS OF SER	VICE	EXPENDITURES	7, 7, 7	ERAGE COST			COST PER	.GE	COST PER
Z3/ ELIGIBLES	USEKS	OR DAYS OF		EXECUDITORES		R UNIT/DAY	PER ELIG		USER		ELIGIBLE
A O DECMEED I OE	0	OK DAIS OF	OARE O S	0.0	FE.					Ś	_
@OPTOMETRIST	0		0 5	.00	Ą	.00	.000	P	.00	Ş	.00
DIAGNOSTIC AND ANC. PROCED	0		0	.00		.00	.000		.00		.00
EYE APPLIANCES	U		0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0 \$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0	.00		.00	.000		.00		.00
OTHER SERVICES	0		0	.00		.00	.000		.00		.00
@PODIATRIST	0		0 \$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0	.00		.00	.000		.00		.00
SURGERY/ANES.	0		0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0	.00		.00	.000		.00		.00
OTHER	0		0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1		2 \$	104.99	\$	52.50	.008	\$	104.99	\$	.44
NURSE ANESTHESIST	0		0 \$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0 \$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0 \$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0 \$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	75	62	1 \$	69,188.08	\$	111.41	2.620	\$	922.51	\$	291.93
HOSP INPATIENT TOTAL	8	3	0	58,649.38		1954.98	.127		7331.17		247.47
HSC HOSPITALS	0		0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	8	3	0	58,649.38		1954.98	.127		7331.17		247.47
ACCOMMODATIONS	8	3		11,744.24		391.47	.127		1468.03		49.55

A DMINIT CED A EILID DAMC	0	0		0.0	0.0	000	0.0	0.0
ADMINISTRATIVE DAYS	U	Ü		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	30		11,744.24	391.47	.127	1468.03	49.55
ANCILLARIES	8	0		46,905.14	.00	.000	5863.14	197.91
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	69	591		10,538.70	17.83	2.494	152.73	44.47
MEDICAL	8	9		169.67	18.85	.038	21.21	.72
SURGERY	5	5		400.40	80.08	.021	80.08	1.69
PATHOLOGY	33	186		1,853.43	9.96	.785	56.16	7.82
RADIOLOGY	14	21		1,484.41	70.69	.089	106.03	6.26
ROOM USE	45	88		2,943.57	33.45	.371	65.41	12.42
CROSSOVERS/ALL OTH OUTPTNT	43	282		3,687.22	13.08	1.190	85.75	15.56
@COUNTY HOSPITAL TOTAL	2	2	Ś	145.12	\$ 72.56	.008		
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
	0	0			.00			.00
ALL OTHER ACCOM	0	0		.00		.000	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT		0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	2		145.12	72.56	.008	72.56	.61
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	2	2		145.12	72.56	.008	72.56	.61
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURE	ES MO	ONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU D	EC 2004	PAGE 9,211
MOP024	FEE-FOR-SERVICE	/DENTAL						03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR MI/MN AI	LIEN	WITHOUT SIS AID	CODE 55 58 5F			
						MO	NTHLY AVERA	GE
237 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	73		\$	69,042.96	\$ 111.54	2.612		
COMM HOSP INPATIENT TOTAL	8	30	•	58,649.38	1954.98	.127	7331.17	247.47
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	8	30		58,649.38	1954.98	.127	7331.17	247.47
ACCOMMODATIONS	8	30		11,744.24	391.47	.127	1468.03	49.55
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	30		11,744.24	391.47	.127	1468.03	49.55
ANCILLARIES	8	0		46,905.14	.00	.000	5863.14	197.91
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
	0	0						
ALL OTHER INPATIENT	0 67	-		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6 /	589		10,393.58	17.65	2.485	155.13	43.85

5

33

14

45

41

0

MEDICAL SURGERY

PATHOLOGY

RADIOLOGY

@STATE HOSPITAL

CROSSOVERS/ALL OTH OUTPINT

ROOM USE

9

5

186

21

88

280

0

169.67

1,853.43

1,484.41

2,943.57

3,542.10

.00 \$

400.40

18.85

80.08

9.96

70.69

33.45

12.65

.00

.038

.021

.785

.089

.371

.000 \$

1.181

21.21

80.08

56.16

65.41

86.39

.00 \$

106.03

.72

1.69

7.82

6.26

12.42

14.95

.00

	LLY ILL	0		0		.00		.00	.000		.00		.00
DEVEL	OP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSIN	IG FACILITY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A	-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV P	B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV P	S-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
	S-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
	3-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
	B-REGULAR	0		Ö		.00		.00	.000		.00		.00
	MEDIATE CARE FACILDD	0		0	\$	.00	\$	.00	.000	\$		\$	.00
ICF D		0		0	Υ	.00	٧	.00	.000	Ψ.	.00	Υ	.00
ICF D		0		0		.00		.00	.000		.00		.00
	DDN/DDCN	0		0		.00		.00	.000		.00		.00
	ALYSIS TOTAL	0		0	\$	.00	Ś	.00	.000	Ś		\$	.00
-		0		0	ş		Ş	.00	.000	Ą	.00	Ş	.00
	TAL BASED	0		0		.00							
	DIALYSIS CENTER	•		-		.00		.00	.000		.00		.00
-	LITATION FACILITY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
	TAL BASED	0		0		.00		.00	.000		.00		.00
	PENDENT FACILITY	0		0		.00		.00	.000		.00		.00
-	TORY FACILITY	9		19	\$	308.91	\$	16.26	.080	\$		\$	1.30
PATHO	LOGY	9		19		308.91		16.26	.080		34.32		1.30
XO AN	ID OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANI	ZED OUTPATIENT CLINIC	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINI	I.C	0		0		.00		.00	.000		.00		.00
SURGI	CENTER	0		0		.00		.00	.000		.00		.00
HEROI	N DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAI	HEALTH CLINIC	0		0		.00		.00	.000		.00		.00
#CALIF	DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXP	ENDITU	JRES M	ONTH-OF-PAYMENT I	REPOR	T FOR JAN 2	2004 THRU	DEC	2004	PA	GE 9,212
MOP024		FEE-FOR-SERVICE	/DENTAL										03/14/05
	COUNTY			MT/MN	ALTEN	WITHOUT SIS AID	CODE	55 58 5F					,,
	. 0001111	00111111111 01 021111	1020 1010 1				0022	00 00 01	M	ОИТ	HLY AVERA	GE -	
	237 ELIGIBLES	USERS	UNITS OF S	SERVIC	TE.	EXPENDITURES	ΔV	ERAGE COST			COST PER	-	COST PER
	20 / BEIGIBEE	002110	OR DAYS					R UNIT/DAY			USER		LIGIBLE
AT.T. OT	HER PROVIDERS	12	OIC DIIID C	23	\$	1,314.52	\$	57.15	.097		109.54		5.55
-	BLE MED. EQUIP.	0		0	۲	.00	Y	.00	.000	Y	.00	Y	.00
	BANK	0		0		.00		.00	.000		.00		.00
		0		0				.00	.000		.00		.00
	ING AID DISPENSERS	0		15		.00							
	CAL TRANSPORTATION	4				498.52		33.23	.063		124.63		2.10
	BULANCES/AIR TRANS	4		15		498.52		33.23	.063		124.63		2.10
	IER TRANS	U		0		.00		.00	.000		.00		.00
	IER SERVICES	0		0		.00		.00	.000		.00		.00
	INCTURE	0		0		.00		.00	.000		.00		.00
	DAY HEALTH CARE CTR	0		0		.00		.00	.000		.00		.00
GENET	CIC DISEASE TESTING	8		8		816.00		102.00	.034		102.00		3.44
IHMC,	MODEL-NF, NF, AIDS, MSSP	Ō		0		.00		.00	.000		.00		.00
OCCUP	PATIONAL THERAPIST	0		0		.00		.00	.000		.00		.00
OPTIC	CIAN	0		0		.00		.00	.000		.00		.00
PHYSI	CAL THERAPIST	0		0		.00		.00	.000		.00		.00
PORTA	BLE X-RAY	0		0		.00		.00	.000		.00		.00
PROST	HETIST/ORTHOTISTS	0		0		.00		.00	.000		.00		.00
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PROSTHETICS

HOSPICE SERVICES

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

ORTHOTICS

PSYCHOLOGIST

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LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	6	98	\$ 743.22	\$ 7.58	.414	\$ 123.87	\$ 3.14
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

<sup>0\*</sup> Totals in these lines are given as a separate information item only;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,213 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

1101 024	THE FOR SERVICE							_		03/14/0
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR	REFUGEE	ES	AID	CODES	01 02 08	0A		
									NTHLY AVERA	
00 ELIGIBLES	USERS	UNITS OF	SERVICE	C	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS	OF CARE	C		PER	. UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$	.00	\$	.00	.000	.00	\$ .00
@PHYSICIANS SERVICES	0		0	\$	.00	\$	.00	.000		\$ .00
OUTPATIENT VISITS	0		0		.00		.00	.000	.00	.00
OFFICE VISITS	0		0		.00		.00	.000	.00	.00
HOME VISITS	0		0		.00		.00	.000	.00	.00
EMERGENCY ROOM	0		0		.00		.00	.000	.00	.00
PREVENTIVE CARE	0		0		.00		.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000	.00	.00
OTHER OUTPATIENT	0		0		.00		.00	.000	.00	.00
INPATIENT VISITS	0		0		.00		.00	.000	.00	.00
HOSPITAL VISITS	0		0		.00		.00	.000	.00	.00
CRITICAL CARE	0		0		.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000	.00	.00
EXAMINATIONS	0		0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0		0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0		Ō		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0		Ō		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	0		0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000	.00	.00
DIALYSIS	0		0		.00		.00	.000	.00	.00
PATHOLOGY	0		0		.00		.00	.000	.00	.00
RADIOLOGY	0		0		.00		.00	.000	.00	.00
PSYCHIATRY	0		0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000	.00	.00
@PHARMACY	0		0	\$	.00		.00	.000		
PRESCRIPTION DRUGS	0		0	7	.00		.00	.000	.00	.00
SNF/ICF	0		0		.00		.00	.000	.00	.00
OUTPATIENTS	0		0		.00		.00	.000	.00	.00
MEDICAL SUPPLIES	0		0		.00		.00	.000	.00	.00
@DENTIST	0		Ô	Ś	.00		.00	.000		
VISITS - DIAGNOSTIC	0		0	7	.00		.00	.000	.00	.00
ORAL SURGERY	0		0		.00		.00	.000	.00	.00
DRUGS	0		0		.00		.00	.000	.00	.00
ANESTHESIA	0		0		.00		.00	.000	.00	.00
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PERIODONTICS	0		0		.00	.00	.000	.00		.00
ENDODONTICS	0		0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0		0		.00	.00	.000	.00		.00
PROSTHETICS	0		0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0		0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0		0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0		0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0		0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0		0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0		0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXP	ENDITURE	S MONT	H-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU I	DEC 2004	PAGE	9,214
MOP024	FEE-FOR-SERVICE/	DENTAL							C	3/14/05
NEVADA COUNTY	SUMMARY OF SERVI	CES FOR	REFUGEES		AID C	CODES 01 02 08	0A			
							MC	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COS	ST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER	ELI	GIBLE
@OPTOMETRIST	0		0	\$	.00	\$ .00	.000	\$ .00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00	.00	.000	.00		.00
EYE APPLIANCES	0		0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0		0	\$	.00	\$ .00	.000	\$ .00	\$	.00
VISITS	0		0		.00	.00	.000	.00		.00
OTHER SERVICES	0		0		.00	.00	.000	.00		.00
@PODIATRIST	0		0	\$	.00	\$ .00	.000	\$ .00	\$	.00
MEDICINE/INJECTIONS	0		0		.00	.00	.000	.00		.00
SURGERY/ANES.	0		0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0		0		.00	.00	.000	.00		.00
OTHER	0		0		.00	.00	.000	.00		.00
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@HOME HEALTH AGENCY

NURSE ANESTHESIST

PEDIATRIC NURSE PRACTITIONER

NURSE MIDWIFE

FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@TOTAL HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	Ô	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
ACCOMMODATIONS	U	U	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	0					
HOSP OUTPATIENT TOTAL	U	0	.00	.00	.000	.00	.00
MEDICAL	0	Ü	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	Ô	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		
	0	0 7			•		•
CO HOSPITAL INPATIENT TOTAL	U	U	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	Ô	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT CROSSOVERS	U	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	Ü	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	•	CES AND EXPENDITURES MO					
			NIH-OF-PAIMENI RE	EPORI FOR JAN 2	2004 IRKO DE	C 2004	PAGE 9,215
MOP024	FEE-FOR-SERVICE						03/14/05
NEVADA COUNTY	SUMMARY OF SERV	VICES FOR REFUGEES	AID (	CODES 01 02 08			
					MON		GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0	0					
NON-HSC HOSPITALS TOTAL			.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
MEDICAL	U	U	.00	.00	.000	.00	.00

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
	0										
CROSSOVERS/ALL OTH OUTPTNT	0	0	_	.00	_	.00	.000	_	.00	_	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ş	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	•	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
	0	0									
LEV B-SUBACUTE FREESTANDING	. 0	U		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	O	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000	•	.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
	0										
ICF DDN/DDCN	U	0	_	.00	_	.00	.000	_	.00	_	.00
@HEMODIALYSIS TOTAL	O	0	\$	.00	\$	.00	.000	Ş	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	•	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
	0	0	ċ		\$			ċ	.00	\$	
@LABORATORY FACILITY	U	•	\$	.00	Ş	.00	.000	\$		Ş	.00
PATHOLOGY	U	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
	•		חם ו					DEC		DACI	
#CALIF DEPT OF HEALTH SERV			RES I	MONTH-OF-PAYMENT	REPORT	FOR JAN 2	UU4 THRU	DEC	2004	PAGI	,
MOP024	FEE-FOR-SERVICE/									(	03/14/05
NEVADA COUNTY	SUMMARY OF SERVI	CES FOR REFUGE	ES	AID	CODES	01 02 08	0A				
							M		LY AVERAG	3E	
00 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	S C	OST PER	COS	ST PER
		OR DAYS OF CAR	E			UNIT/DAY	PER ELIG		USER	EL	IGIBLE
@ALL OTHER PROVIDERS	0	0	_ \$	.00		.00	.000		.00	\$	.00
DURABLE MED. EQUIP.	0	0	τ	.00	т	.00	.000	т	.00	т	.00
	0										
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	U	U		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00			.000		.00		.00
		•				.00					
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	Õ	0		.00		.00	.000		.00		.00
110011111101/01(111011011)	O	9		.00		.00	.000		• 0 0		• • • •

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,217

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL

NEVADA COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

					MOI	NTHLY AVERA	GE
143 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	99	1 <b>,</b> 191 \$	80,948.84	\$ 67.97	8.329	\$ 817.67	\$ 566.08
@PHYSICIANS SERVICES	64	606 \$	25,473.10	\$ 42.03	4.238		\$ 178.13
OUTPATIENT VISITS	35	62	1,993.54	32.15		56.96	13.94
OFFICE VISITS	33	60	1,904.34	31.74	.420	57.71	13.32
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	89.20	44.60	.014	44.60	.62
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	5	237.45	47.49	.035	118.73	1.66
HOSPITAL VISITS	2	5	237.45	47.49	.035	118.73	1.66
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.007	57.79	.40
EXAMINATIONS	1	1	57.79	57.79	.007	57.79	.40
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	159	922.14	5.80	1.112	230.54	6.45
PRINCIPAL SURGEON	2	3	478.87	159.62	.021	239.44	3.35
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	156	443.27	2.84	1.091	221.64	3.10
OUTPATIENT SURGERY	16	198	2,035.83	10.28	1.385	127.24	14.24
PRINCIPAL SURGEON	10	10	1,325.78	132.58	.070	132.58	9.27
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	7	188	710.05	3.78	1.315	101.44	4.97
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	18	39	888.45	22.78	.273	49.36	6.21
RADIOLOGY	27	66	4,846.17	73.43	.462	179.49	33.89
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	6	14,035.80	2339.30	.042	2807.16	98.15
OTHER SERVICES/ALL X-OVERS	9	70	455.93	6.51	.490	50.66	3.19
@PHARMACY	51	143 \$	13,356.00	\$ 93.40	1.000	\$ 261.88	\$ 93.40
PRESCRIPTION DRUGS	51	143	13,356.00	93.40	1.000	261.88	93.40
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	51	143	13,356.00	93.40	1.000	261.88	93.40

MEDICAL SUPPLIES	0	0		.00		.00	.000	.0	0	.00
@DENTIST	2	5	Ś	113.00	\$	22.60	.035			
VISITS - DIAGNOSTIC	2	5	Ş	113.00	Ą	22.60	.035	56.5		.79
ORAL SURGERY	0	0		.00		.00	.000	36.3		.00
	0	0								.00
DRUGS ANESTHESIA	0	0		.00		.00	.000	.0		.00
	0	0		.00		.00	.000	.0		.00
PERIODONTICS	0	0		.00		.00	.000	.0		.00
ENDODONTICS RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.0		.00
PROSTHETICS	0	0		.00		.00		.0		.00
	0	0		.00		.00	.000	.0		.00
DENTURES, STAYPLATES	0	0		.00		.00		.0		.00
SPACE MAINTAINERS	0	0		.00			.000	. 0	-	.00
MAXILLOFACIAL SERVICES	0	0				.00	.000		-	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.0		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.0		.00
ALL OTHER SERVICES	•		DO MONT			.00	.000	.0		.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES		ES MONT	H-OF-PAYMENT R	EPORT	FOR JAN 2	2004 THRU I	DEC 2004		PAGE 9,218
MOPUZ4 NEVADA COUNTY	FEE-FOR-SERVICE/D			75.	TD 00	DEG OM ON	OD			03/14/05
NEVADA COUNTY	SUMMARY OF SERVIC	LS FOR BCCTP-F	LUEKAL	A	בט ענ.	DDES OM ON	MO	NIMITE V ATT.		1
143 ELIGIBLES	USERS U	UNITS OF SERVICE		EXPENDITURES	7. 7. 7. 7.	RAGE COST				COST PER
143 CHIGIDHES		OR DAYS OF CARE		EVLENDIIOVES		R UNIT/DAY	PER ELIG	USER	Λ	ELIGIBLE
@OPTOMETRIST	0	OR DAIS OF CARE	Ś	.00	\$	.00	.000		0 \$	
DIAGNOSTIC AND ANC. PROCED	0	0	Y	.00	Ÿ	.00	.000	.0	- '	.00
EYE APPLIANCES	0	0		.00		.00	.000	.0		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.0		.00
@CHIROPRACTOR	0	0	Ś	.00	s	.00	.000		0 \$	
VISITS	0	0	Ÿ	.00	Y	.00	.000	.0		.00
OTHER SERVICES	0	0		.00		.00	.000	.0		.00
@PODIATRIST	0	0	Ś	.00	s	.00	.000			
MEDICINE/INJECTIONS	0	0	Ÿ	.00	Y	.00	.000	.0	- '	.00
SURGERY/ANES.	0	0		.00		.00	.000	. 0		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.0	-	.00
OTHER	0	0		.00		.00	.000	.0		.00
@HOME HEALTH AGENCY	0	0	Ġ	.00	\$	.00	.000			
NURSE ANESTHESIST	0	0	Ś	.00	\$	.00	.000	\$ .0		
NURSE MIDWIFE	0	0	Ś	.00	Ś	.00	.000	\$ .0		
PEDIATRIC NURSE PRACTITIONER	· ·	0	\$	.00	\$	.00	.000	\$ .0		
FAMILY NURSE PRACTITIONER	1	1	Ś	24.00	Ś	24.00	.007	\$ 24.0		
@TOTAL HOSPITAL	46	403	Ś	40,659.51	\$	100.89	2.818			•
HOSP INPATIENT TOTAL	2	10	Υ	25,443.88	Y	2544.39	.070	12721.9		177.93
HSC HOSPITALS	0	0		.00		.00	.000	.0		.00
NON-HSC HOSPITAL TOTAL	2	10		25,443.88		2544.39	.070	12721.9		177.93
ACCOMMODATIONS	2	10		3,775.96		377.60	.070	1887.9		26.41
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.0		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.0		.00
ALL OTHER ACCOM	2	10		3,775.96		377.60	.070	1887.9		26.41
ANCILLARIES	2	0		21,667.92		.00	.000	10833.9		151.52
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.0		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	. 0		.00

393

6

88

98

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

0

46

5

6

27

22

18

.00

15,215.63

295.69

1,324.46

7,704.19

1,169.67

272.59

.00

38.72

49.28

45.43

15.05

78.61

38.99

.000

2.748

.042

.615

.685

.210

.042

.00

330.77

59.14

45.43

49.05

350.19

64.98

.00 .00

106.40

1.91

9.26

53.88

8.18

CROSSOVERS/ALL OTH OUTPINT	16	165	4,449.03	26.96	1.154	278.06	31.11
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES MON	TH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DEC	C 2004	PAGE 9,219
MOP024	FEE-FOR-SERVICE/DEN	ΓAL					03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES	FOR BCCTP-FEDERAL	A.	ID CODES 0M 0N	0 P		
					MONT	THLY AVERAG	GE
143 ELIGIBLES		TS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	_	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	46	403 \$	40,659.51	•	2.818 \$		•
COMM HOSP INPATIENT TOTAL	2	10	25 <b>,</b> 443.88	2544.39	.070	12721.94	177.93
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	10		2544.39	.070	12721.94	177.93
ACCOMMODATIONS	2	10	3 <b>,</b> 775.96	377.60	.070	1887.98	26.41
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

	_						
ALL OTHER ACCOM	2	10	3 <b>,</b> 775.96	377.60	.070	1887.98	26.41
ANCILLARIES	2	0	21,667.92	.00		10833.96	151.52
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	46	393	.00 15,215.63	38.72	2.748	330.77	106.40
MEDICAL	5	6	295.69	49.28	.042	59.14	2.07
	6	6	272.59		.042	45.43	1.91
SURGERY				45.43			
PATHOLOGY	27	88	1,324.46	15.05	.615	49.05	9.26
RADIOLOGY	22	98	7,704.19	78.61	.685	350.19	53.88
ROOM USE	18	30	1,169.67	38.99	.210	64.98	8.18
CROSSOVERS/ALL OTH OUTPINT	16	165	4,449.03	26.96	1.154	278.06	31.11
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$					
•	0	0 1	.00		.000 \$	.00	•
LEV A-INTERMEDIATE	Ü	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	Û	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000 \$	.00	
	0	0					•
ICF DDH	U	•	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
	0	•					
INDEPENDENT FACILITY	0 0 0 14 14	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	14	18 \$	361.72	\$ 20.10	.126 \$	25.84	
PATHOLOGY	14	18	361.72	20.10	.126	25.84	2.53
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	10	15 \$	961.51	\$ 64.10	.105 \$	96.15	\$ 6.72
CLINIC	2	2	72.17	36.09	.014	36.09	.50
SURGICENTER	1	6	105.79	17.63	.042	105.79	.74
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
	7	7	783.55				5.48
RURAL HEALTH CLINIC				111.94	.049	111.94	
#CALIF DEPT OF HEALTH SERV		AND EXPENDITURES MON'	TH-OF-PAYMENT RI	EPORT FOR JAN	2004 THRU DEC	2004	
MOP024	FEE-FOR-SERVICE/DE						03/14/05
NEVADA COUNTY	SUMMARY OF SERVICE	S FOR BCCTP-FEDERAL	A:	ID CODES OM ON	1 OP		
					MONT	THLY AVERA	GE
143 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	
	0	0	.00	.00			
DURABLE MED. EQUIP.	0	0					
BLOOD BANK	U	U	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	Ü	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
	0	· · · · · · · · · · · · · · · · · · ·					
GENETIC DISEASE TESTING	U	0	.00	.00	.000	.00	.00

0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0       0       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00	0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00 </td <td>0       0       .00       .00         0</td> <td>0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0</td> <td>0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .000       .000         0       0       .00       .000       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       <t< td=""><td>0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00</td><td>0         0         .00         .00         .00         .00           0         0         .00         .00         .000         .00           0         0         .00         .00         .000         .00           0         0         .00         .00         .000         .00           0         0         .00         .00         .000         .00           0         0         .00         .00         .000         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00</td></t<></td>	0       0       .00       .00         0	0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0	0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .000       .000         0       0       .00       .000       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0 <t< td=""><td>0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00</td><td>0         0         .00         .00         .00         .00           0         0         .00         .00         .000         .00           0         0         .00         .00         .000         .00           0         0         .00         .00         .000         .00           0         0         .00         .00         .000         .00           0         0         .00         .00         .000         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00</td></t<>	0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00	0         0         .00         .00         .00         .00           0         0         .00         .00         .000         .00           0         0         .00         .00         .000         .00           0         0         .00         .00         .000         .00           0         0         .00         .00         .000         .00           0         0         .00         .00         .000         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,221 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

NEVADA COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

NEVADA COUNTI	DOMINANT OF DEIN	VICED FOR DCCIL DIALE	ONLI	CODES ON OI OO	0 0		
					MON	THLY AVERA	GE
49 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	20	136 \$	3,260.52	\$ 23.97	2.776 \$	163.03	\$ 66.54
@PHYSICIANS SERVICES	12	77 \$	1,893.01	\$ 24.58	1.571 \$	157.75	\$ 38.63
OUTPATIENT VISITS	7	8	205.16	25.65	.163	29.31	4.19
OFFICE VISITS	6	6	118.70	19.78	.122	19.78	2.42
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	86.46	43.23	.041	43.23	1.76
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	48	400.18	8.34	.980	133.39	8.17
PRINCIPAL SURGEON	1	1	224.47	224.47	.020	224.47	4.58
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	47	175.71	3.74	.959	87.86	3.59
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	4	148.94	37.24	.082	49.65	3.04
RADIOLOGY	3	3	102.56	34.19	.061	34.19	2.09
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	1	8	1,032.03	129.00	.163	1032.03		21.06
OTHER SERVICES/ALL X-OVERS	1	6	4.14	.69	.122	4.14		.08
@PHARMACY	5	8 \$	86.97	\$ 10.87	.163	\$ 17.39	\$	1.77
PRESCRIPTION DRUGS	5	8	86.97	10.87	.163	17.39		1.77
SNF/ICF	0	0	.00	.00	.000	.00		.00
OUTPATIENTS	5	8	86.97	10.87	.163	17.39		1.77
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00		.00
@DENTIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$	.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00		.00
ORAL SURGERY	0	0	.00	.00	.000	.00		.00
DRUGS	0	0	.00	.00	.000	.00		.00
ANESTHESIA	0	0	.00	.00	.000	.00		.00
PERIODONTICS	0	0	.00	.00	.000	.00		.00
ENDODONTICS	0	0	.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	O EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU	DEC 2004	PAGE	9,222
MOP024	FEE-FOR-SERVICE/DENT	AL					0	3/14/05

SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

NEVADA COUNTY

----- MONTHLY AVERAGE -----49 ELIGIBLES EXPENDITURES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 .00 \$ .00 @OPTOMETRIST 0 .000 \$ .00 \$ .00 DIAGNOSTIC AND ANC. PROCED 0 .00 .00 .000 .00 .00 .00 EYE APPLIANCES 0 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 .00 \$ .00 \$ @CHIROPRACTOR .00 .000 \$ .00 .00 .00 VISITS .00 .000 .00 .00 .000 .00 OTHER SERVICES @PODIATRIST 0 .00 \$ .00 .000 \$ .00 \$ .00 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 .00 .00 .00 SURGERY/ANES. .000 .00 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 .00 \$ .00 .000 \$ .00 \$ @HOME HEALTH AGENCY 0 NURSE ANESTHESIST .00 \$ .00 .000 \$ .00 \$ .00 0 NURSE MIDWIFE .00 .00 .000 \$ .00 \$ .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 \$ .00 \$ FAMILY NURSE PRACTITIONER 0 .00 \$ .00 .000 \$ .00 \$ .00 50 1,258.14 \$ @TOTAL HOSPITAL 25.16 1.020 \$ 157.27 \$ 25.68 HOSP INPATIENT TOTAL .00 .00 .000 .00 0 .00 HSC HOSPITALS .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .000 .00 .00 .00 .00 .000 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 .00 INPATIENT CROSSOVERS .00 .000 .00 .00 ALL OTHER INPATIENT .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	8	50	1,2	58.14	25.16	1.020	157.27	25.68
MEDICAL	1	1		17.35	17.35	.020	17.35	.35
SURGERY	3	3	1	59.18	53.06	.061	53.06	3.25
PATHOLOGY	7	21	2	95.16	14.06	.429	42.17	6.02
RADIOLOGY	1	2	1	08.02	54.01	.041	108.02	2.20
ROOM USE	5	9	3	27.68	36.41	.184	65.54	6.69
CROSSOVERS/ALL OTH OUTPINT	4	14	3	50.75	25.05	.286	87.69	7.16
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURE	ES MONTH-OF-PAY	MENT REI	PORT FOR JAN	2004 THRU I	DEC 2004	PAGE 9,223
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR	BCCTP-SI	FATE-ONLY	AID CO	ODES OR OT OU	0V		

NEVADA COUNTI	SUMMARI OF SERVIC	AU1 CA.	DCCIF-3	IAIE-ONI	II AID	CODES	OK 01 00					
								MC	NTF	ILY AVERA	GE -	
49 ELIGIBLES	USERS U	NITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S	OST PER	C	COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER	E	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8		50	\$	1,258.14	\$	25.16	1.020	\$	157.27	\$	25.68
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	8		50		1,258.14		25.16	1.020		157.27		25.68
MEDICAL	1		1		17.35		17.35	.020		17.35		.35
SURGERY	3		3		159.18		53.06	.061		53.06		3.25
PATHOLOGY	7		21		295.16		14.06	.429		42.17		6.02
RADIOLOGY	1		2		108.02		54.01	.041		108.02		2.20
ROOM USE	5		9		327.68		36.41	.184		65.54		6.69
CROSSOVERS/ALL OTH OUTPTNT	4		14		350.75		25.05	.286		87.69		7.16
@STATE HOSPITAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	22.40	\$	22.40	.020	\$	22.40	\$	.46
PATHOLOGY	1	1		22.40		22.40	.020		22.40		.46
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURE	S MONTH-	OF-PAYMENT R	EPORT	FOR JAN 2	2004 THRU	DEC	2004	PAC	SE 9,224
MOP024	FEE-FOR-SERVICE/DEN	ITAL									03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES	FOR BCCTP-ST	ATE-ONLY	AID	CODES	0R 0T 0U					
							M	ONTE	HLY AVERA	GE	
49 ELIGIBLES		TS OF SERVICE	ΕΣ	XPENDITURES			UNITS/DAY	S (	COST PER	CC	ST PER
	OF	R DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER	ΕI	LIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00

<sup>0\*</sup> Totals in these lines are given as a separate information item only;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,225
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

	MONTHLY AVERAGE								
192 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	119	1,327	\$	84,209.36	\$ 63.46	6.911	\$ 707.64	\$	438.59
@PHYSICIANS SERVICES	76	683	\$	27 <b>,</b> 366.11	\$ 40.07	3.557	\$ 360.08	\$	142.53
OUTPATIENT VISITS	42	70		2 <b>,</b> 198.70	31.41	.365	52.35		11.45
OFFICE VISITS	39	66		2,023.04	30.65	.344	51.87		10.54
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	4	4		175.66	43.92	.021	43.92		.91
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	2	5		237.45	47.49	.026	118.73		1.24
HOSPITAL VISITS	2	5		237.45	47.49	.026	118.73		1.24
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	1	1		57.79	57.79	.005	57.79		.30
EXAMINATIONS	1	1		57.79	57.79	.005	57.79		.30
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	4	159		922.14	5.80	.828	230.54		4.80
PRINCIPAL SURGEON	2	3		478.87	159.62	.016	239.44		2.49
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	2	156		443.27	2.84	.813	221.64		2.31
OUTPATIENT SURGERY	19	246		2,436.01	9.90	1.281	128.21		12.69
PRINCIPAL SURGEON	11	11		1,550.25	140.93	.057	140.93		8.07

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	9	235		885.76		3.77	1.224		98.42		4.61
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	21	43		1,037.39		24.13	.224		49.40		5.40
RADIOLOGY	30	69		4,948.73		71.72	.359		164.96		25.77
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	6	14		15,067.83		1076.27	.073		2511.31		78.48
OTHER SERVICES/ALL X-OVERS	10	76		460.07		6.05	.396		46.01		2.40
@PHARMACY	56	151	\$	13,442.97	\$	89.03	.786	\$	240.05	\$	70.02
PRESCRIPTION DRUGS	56	151		13,442.97		89.03	.786		240.05		70.02
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	56	151		13,442.97		89.03	.786		240.05		70.02
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	2	5	\$	113.00	\$	22.60	.026	\$	56.50	\$	.59
VISITS - DIAGNOSTIC	2	5		113.00		22.60	.026		56.50		.59
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES M	ONTH-OF-PAYMENT RE	EPOR'	T FOR JAN 2	2004 THRU	DEC	2004	PAGI	E 9,226
MOP024	FEE-FOR-SERVICE/DENTA	L								(	03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES F	OR BCCTP-	-TOTAL								

NEVADA COONTI	SUMMART OF SER	VICES FOR BCCI	I IOIAL					~ >		~=	
									THLY AVERA	GE.	
192 ELIGIBLES	USERS	UNITS OF SERV	'ICE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF C	CARE		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	) \$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	)	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	)	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	)	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	) \$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0	)	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	)	.00		.00	.000		.00		.00
@PODIATRIST	0	0	) \$	.00	\$	.00		\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0	)	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	)	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	)	.00		.00	.000		.00		.00
OTHER	0	0	)	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	) \$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	) \$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	) \$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	) \$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	1	1	. \$	24.00	\$	24.00	.005	\$	24.00	\$	.13
@TOTAL HOSPITAL	54	453		41,917.65	\$	92.53	2.359	\$	776.25	\$	218.32
HOSP INPATIENT TOTAL	2	10	)	25,443.88		2544.39	.052		12721.94		132.52
HSC HOSPITALS	0	0	)	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	2	10		25,443.88		2544.39	.052		12721.94		132.52
ACCOMMODATIONS	2	10	)	3 <b>,</b> 775.96		377.60	.052		1887.98		19.67

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	10	3,775.96	377.60	.052	1887.98	19.67
ANCILLARIES	2	0	21,667.92	.00	.000	10833.96	112.85
INPATIENT CROSSOVERS	0 2 2 0 0 54	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	- O	443	16,473.77	37.19	2.307	305.07	85.80
HOSP OUTPATIENT TOTAL	6	443	10,4/3.//	37.19			
MEDICAL	-		313.04	44.72	.036	52.17	1.63
SURGERY	9	9	431.77	47.97	.047	47.97	2.25
PATHOLOGY	34	109 100 39 179	1,619.62	14.86	.568	47.64	8.44
RADIOLOGY	23	100	7,812.21	78.12	.521	339.66	40.69
ROOM USE	23	39	1,497.35	38.39	.203	65.10	7.80
CROSSOVERS/ALL OTH OUTPINT	20	179	4,799.78	26.81	.932	239.99	25.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	.00
TRANSITIONAL IP CARE	ě .				.000		
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	•	0	.00	.00	.000	.00	.00
		ES AND EXPENDITURES M					PAGE 9,227
#CALIF DEPT OF HEALTH SERV MOP024			IONTH-OF-PAIMENT F	REPORT FOR JAN A	2004 THRU D	EC 2004	
	FEE-FOR-SERVICE						03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR BCCTP-TOTAL					
400						NTHLY AVERA	-
192 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
	54	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	54	453 \$	41,917.65		2.359		\$ 218.32
COMM HOSP INPATIENT TOTAL	2	10	25,443.88	2544.39	.052	12721.94	132.52
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	10	25,443.88	2544.39	.052	12721.94	132.52
ACCOMMODATIONS	2	10	3,775.96	377.60	.052	1887.98	19.67
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	0.0	.000	.00	.00
ALL OTHER ACCOM	2	1.0	3,775.96	377.60	.052	1887.98	19.67
ANCILLARIES	2	10	21,667.92	.00	.000	10833.96	112.85
	2	0					
INPATIENT CROSSOVERS	0	453 \$ 10 0 10 10 10 0 10 0 0 0 10 0 10	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	Ü	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	J4	443	16,473.77	37.19	2.307	305.07	85.80
MEDICAL	6	7	313.04	44.72	.036	52.17	1.63
GIID GEDII	^	0	401 77	47 07	0.47	47 07	0 0 5

109

100

39

0

179

431.77

1,619.62

7,812.21

1,497.35

4,799.78

.00 \$

47.97

14.86

78.12

38.39

26.81

.00

.047

.568

.521

.203

.932

.000 \$

47.97

47.64

65.10

.00 \$

339.66

239.99

2.25

8.44

40.69

7.80

25.00

.00

9

34

23

23

20

0

SURGERY

PATHOLOGY

RADIOLOGY

@STATE HOSPITAL

CROSSOVERS/ALL OTH OUTPTNT

ROOM USE

MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000	.00	\$	.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	.00	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000		\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	15	19	\$	384.12	\$ 20.22	.099		\$	2.00
PATHOLOGY	15	19		384.12	20.22	.099	25.61		2.00
XO AND OTHERS	0	0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	10	15	\$	961.51	\$ 64.10	.078		\$	5.01
CLINIC	2	2		72.17	36.09	.010	36.09		.38
SURGICENTER	1	6		105.79	17.63	.031	105.79		.55
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	7	7		783.55	111.94	.036	111.94		4.08
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	7 MEDI-CAL SERVICES AND		RES MO					PA	AGE 9,228
	· ·	EXPENDITU	RES MO					PA	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU				2004 THRU DI	EC 2004		AGE 9,228 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES F	EXPENDITU L OR BCCTP-	TOTAL	NTH-OF-PAYMENT R.	EPORT FOR JAN	2004 THRU DI	EC 2004 NTHLY AVERA	.GE -	AGE 9,228 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES F USERS UNITS	EXPENDITU L OR BCCTP-	TOTAL E		EPORT FOR JAN  AVERAGE COST	2004 THRU DI MOI UNITS/DAYS	EC 2004 NTHLY AVERA COST PER	.GE -	AGE 9,228 03/14/05  COST PER
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 192 ELIGIBLES	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES F  USERS UNITS OR D	EXPENDITU L OR BCCTP- OF SERVIC AYS OF CAR	TOTAL E E	NTH-OF-PAYMENT R	EPORT FOR JAN  AVERAGE COST PER UNIT/DAY	2004 THRU DE MOI UNITS/DAYS PER ELIG	EC 2004 NTHLY AVERA COST PER USER	.GE - C	AGE 9,228 03/14/05  COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  192 ELIGIBLES  @ALL OTHER PROVIDERS	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES F  USERS UNITS OR D 0	EXPENDITU L OR BCCTP- OF SERVIC AYS OF CAR 0	TOTAL E	NTH-OF-PAYMENT RESERVED RESERV	AVERAGE COST PER UNIT/DAY \$ .00	2004 THRU DE  MOI  UNITS/DAYS  PER ELIG .000	EC 2004  NTHLY AVERA  COST PER  USER  .00	.GE -	AGE 9,228 03/14/05  COST PER ELIGIBLE .00
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  192 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES F  USERS UNITS OR D 0 0	EXPENDITULE  OR BCCTP-  OF SERVICE  AYS OF CAR  0 0	TOTAL E E	NTH-OF-PAYMENT REEXPENDITURES .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00	2004 THRU DE  MOI T UNITS/DAYS T PER ELIG .000 S	NTHLY AVERA COST PER USER  .00 .00	.GE - C	AGE 9,228 03/14/05  COST PER ELIGIBLE .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  192 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES F  USERS UNITS OR D  0 0 0 0	EXPENDITULE  OR BCCTP-  OF SERVICE  AYS OF CAR  0 0 0 0	TOTAL E E	NTH-OF-PAYMENT REEXPENDITURES  .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00	2004 THRU DE  MOI T UNITS/DAYS T PER ELIG .000 .000	NTHLY AVERA COST PER USER  .00 .00	.GE - C	AGE 9,228 03/14/05 
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  192 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES F  USERS UNITS OR D  0 0 0 0 0	EXPENDITULE  OR BCCTP-  OF SERVICE  AYS OF CAR  0 0 0 0 0	TOTAL E E	NTH-OF-PAYMENT REEXPENDITURES  .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00	MOI T UNITS/DAYS Y PER ELIG .000 S .000 .000	NTHLY AVERA COST PER USER  .00 .00 .00	.GE - C	AGE 9,228 03/14/05 
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  192 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES F  USERS UNITS OR D  0 0 0 0 0 0	EXPENDITULE  OR BCCTP-  OF SERVICE  AYS OF CARE  0 0 0 0 0 0	TOTAL E E	NTH-OF-PAYMENT REEXPENDITURES  .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00	MOI T UNITS/DAYS Y PER ELIG .000 S .000 .000 .000	NTHLY AVERA COST PER USER  .00 .00 .00 .00	.GE - C	AGE 9,228 03/14/05 
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  192 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES F  USERS UNITS OR D  0 0 0 0 0 0 0 0	EXPENDITULE  OR BCCTP-  OF SERVICE  AYS OF CARE  0 0 0 0 0 0 0 0	TOTAL E E	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00	MOI T UNITS/DAYS Y PER ELIG .000 .000 .000 .000	NTHLY AVERA COST PER USER  .00 .00 .00 .00 .00	.GE - C	AGE 9,228 03/14/05 
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  192 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES F  USERS UNITS OR D  0 0 0 0 0 0 0 0 0	EXPENDITULE  OR BCCTP-  OF SERVICE  AYS OF CAR  0 0 0 0 0 0 0 0 0	TOTAL E E	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00	MOI T UNITS/DAYS T PER ELIG .000 .000 .000 .000 .000 .000	NTHLY AVERA COST PER USER  S .00 .00 .00 .00 .00 .00	.GE - C	AGE 9,228 03/14/05 
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  192 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES F  USERS UNITS OR D  0 0 0 0 0 0 0 0	EXPENDITULE  OR BCCTP-  OF SERVICE  AYS OF CARE  0 0 0 0 0 0 0 0	TOTAL E E	NTH-OF-PAYMENT RESERVED RESERV	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00	MOI T UNITS/DAYS T PER ELIG .000 .000 .000 .000 .000 .000 .000	NTHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00	.GE - C	AGE 9,228 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  192 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES F  USERS UNITS OR D  0 0 0 0 0 0 0 0 0	EXPENDITUL  OR BCCTP-  OF SERVIC  AYS OF CAR  0  0  0  0  0  0  0  0  0  0	TOTAL E E	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00	2004 THRU DE MON TUNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00	.GE - C	AGE 9,228 03/14/05 
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  192 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES F  USERS UNITS OR D  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITULE  OR BCCTP-  OF SERVICE  AYS OF CAR  0 0 0 0 0 0 0 0 0 0 0 0 0 0	TOTAL E E	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00	2004 THRU DE MON T UNITS/DAYS T PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER 00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.GE - C	AGE 9,228 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  192 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES F  USERS UNITS OR D  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITULE  OR BCCTP-  OF SERVICE  AYS OF CAR  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TOTAL E E	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00	2004 THRU DE MON T UNITS/DAYS T PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER  USER  000  .00  .00  .00  .00  .00  .00  .	.GE - C	AGE 9,228 03/14/05 
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  192 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES F  USERS UNITS OR D  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITULE  OR BCCTP-  OF SERVICE  AYS OF CAR  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TOTAL E E	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00	2004 THRU DE MON TUNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	.GE - C	AGE 9,228 03/14/05 
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  192 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES F  USERS UNITS OR D  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITULE  OR BCCTP-  OF SERVICE  AYS OF CAR  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TOTAL E E	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00	2004 THRU DE MON T UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	EC 2004  NTHLY AVERA  COST PER  USER  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	.GE - C	AGE 9,228 03/14/05 
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  192 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES F  USERS UNITS OR D  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITULE  OR BCCTP-  OF SERVICE  AYS OF CAR  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TOTAL E E	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00	2004 THRU DE MON T UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER  00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE - C	AGE 9,228 03/14/05 
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  192 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES F  USERS UNITS OR D  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITULE  OR BCCTP-  OF SERVICE  AYS OF CAR  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TOTAL E E	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	2004 THRU DE MON T UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER  USER  000 .000 .000 .000 .000 .000 .000 .0	.GE - C	AGE 9,228 03/14/05 
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  192 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES F  USERS UNITS OR D  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITULE  OR BCCTP-  OF SERVICE  AYS OF CAR  O  O  O  O  O  O  O  O  O  O  O  O  O	TOTAL E E	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	2004 THRU DE  MON T UNITS/DAYS T PER ELIG	THLY AVERA  COST PER  USER  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	.GE - C	AGE 9,228 03/14/05 
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  192 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES F  USERS UNITS OR D  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITULE  OR BCCTP-  OF SERVICE  AYS OF CAR  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TOTAL E E	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	2004 THRU DE  MON T UNITS/DAYS T PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	THLY AVERA  COST PER  USER  00  .00  .00  .00  .00  .00  .00  .0	.GE - C	AGE 9,228 03/14/05 
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  192 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES F  USERS UNITS OR D  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITULE  OR BCCTP-  OF SERVICE  AYS OF CAR  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TOTAL E E	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	2004 THRU DE  MON T UNITS/DAYS T PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	THLY AVERA  COST PER  USER  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	.GE - C	AGE 9,228 03/14/05  COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  192 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES F  USERS UNITS OR D  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITULE  OR BCCTP-  OF SERVICE  AYS OF CAR  O  O  O  O  O  O  O  O  O  O  O  O  O	TOTAL E E	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	2004 THRU DE  MON T UNITS/DAYS T PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	THLY AVERA  COST PER  USER  00  .00  .00  .00  .00  .00  .00  .0	.GE - C	AGE 9,228 03/14/05 

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SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

HOSPICE SERVICES

LOCAL EDUCATION AGENCIES	Ō	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000 \$	.00 \$	.00
O. H. MOMATO TAX MANDON TAXABO ADD OTTON		EODAG ETON	T T T T T T T T T T T T T T T T T T T					

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,229
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR OMB - ONLY AID CODE 80

NEVADA COUNTI	SOUTHWILL OF SELV	VICES FOR QMD	OIVLI		AID CODE	00		
						MO	NTHLY AVERA	AGE
60 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CA	ARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	15	1,744	\$	2,247.10	\$ 1.29	29.067	\$ 149.81	\$ 37.45
@PHYSICIANS SERVICES	9	22	\$	880.26	\$ 40.01	.367	\$ 97.81	\$ 14.67
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	9	22		880.26		40.01	.367		97.81		14.67
@PHARMACY	3	1,713	\$	447.94	\$	.26	28.550	\$	149.31	\$	7.47
PRESCRIPTION DRUGS	0	0		.00		.00	.000		.00		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	3	1,713		447.94		.26	28.550		149.31		7.47
@DENTIST	1	2	\$	.00	\$	.00	.033	\$	.00	\$	.00
VISITS - DIAGNOSTIC	1	2		.00		.00	.033		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	JRES I	MONTH-OF-PAYMENT F	REPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 9,230
MOP024	FEE-FOR-SERVICE										03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR QMB -	ONLY			AID CODE					
							M	IONTH	ILY AVERA	GE ·	
60 ELIGIBLES	USERS	UNITS OF SERVICE	Œ	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S C	COST PER	(	COST PER

USERS	UNITS OF SERVICE	EXPENDITURES	AVER <i>I</i>	AGE COST	UNITS/DAY	S	COST PER		COST PER
	OR DAYS OF CARE		PER (	JNIT/DAY	PER ELIG		USER		ELIGIBLE
0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
	USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE  OR DAY	OR DAYS OF CARE  O	OR DAYS OF CARE  O	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           0         0         \$         .00         \$         .00	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           0         0         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         \$         .00         <			

FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$	.00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	3	4 \$	890.21	\$	222.55	.067	\$ 296.74	\$ 14.84
HOSP INPATIENT TOTAL	1	0	876.00		.00	.000	876.00	14.60
HSC HOSPITALS	0	0	.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	Û	Ô	.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.00
	0	0						
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
ALL OTHER ACCOM	U	0	.00		.00	.000	.00	.00
ANCILLARIES	0	0	.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	876.00		.00	.000	876.00	14.60
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	4	14.21		3.55	.067	7.11	.24
MEDICAL	0	0	.00		.00	.000	.00	.00
SURGERY	0	0	.00		.00	.000	.00	.00
PATHOLOGY	0	0	.00		.00	.000	.00	.00
RADIOLOGY	0	0	.00		.00	.000	.00	.00
ROOM USE	0	0	.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINI	2	4	14.21		3.55	.067	7.11	.24
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$	.00		\$ .00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	۲	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00		.00	.000	.00	.00
	0	· · · · · · · · · · · · · · · · · · ·						
NON-HSC HOSPITALS TOTAL	U	0	.00		.00	.000	.00	.00
ACCOMMODATIONS	U	U	.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	Ü	.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00	.00
ANCILLARIES	0	0	.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000	.00	.00
MEDICAL	0	0	.00		.00	.000	.00	.00
SURGERY	0	0	.00		.00	.000	.00	.00
PATHOLOGY	0	0	.00		.00	.000	.00	.00
RADIOLOGY	0	0	.00		.00	.000	.00	.00
ROOM USE	0	0	.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000	.00	.00
		~		EDOD				
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES M	ONTH-OF-PAIMENT R	EPOR.	I FOR JAN 2	2004 THRU L	EC 2004	PAGE 9,231
MOP024	FEE-FOR-SERVICE				7 TD 00DE	0.0		03/14/05
NEVADA COUNTY	SUMMARY OF SERV	VICES FOR QMB - ONLY			AID CODE			CE
CO BLICIDIES	Hanna	IDITED OF SERVICE		70 77 77				GE
60 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAYS		COST PER
		OR DAYS OF CARE			R UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	4 \$	890.21	\$	222.55	.067	•	•
COMM HOSP INPATIENT TOTAL	1	0	876.00		.00	.000	876.00	14.60
HSC HOSPITALS	0	0	.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00	.00
ANCILLARIES	0	0	.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	876.00		.00	.000	876.00	14.60
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00
	2	4	14.21			.067	7.11	.24
COMM HOSP OUTPATIENT TOTAL		0			3.55			
MEDICAL	0	U	.00		.00	.000	.00	.00

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	2	4		14.21		3.55	.067		7.11		.24
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	0	\$	9.31	\$	.00	.000	\$	9.31	\$	.16
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	0		9.31		.00	.000		9.31		.16
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUE	RES MONT	H-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU	DEC	2004	PAGE	9,232
MOP024	FEE-FOR-SERVICE/DENTAL									0.3	3/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR	QMB - C	ONLY			AID CODE	80				
							M	ONT	HLY AVERA	GE	

				MON	TIITI VARIVA	GE
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
1	3 \$	19.38	\$ 6.46	.050 \$	19.38	\$ .32
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
	USERS  1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		OR DAYS OF CARE  1	OR DAYS OF CARE         PER UNIT/DAY           1         3         \$         19.38         \$         6.46           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0	USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES         AVERAGE COST UNITS/DAYS PER ELIG           1         3 \$ 19.38         \$ 6.46         .050 \$           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00 <td< td=""><td>OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           1         3         \$         19.38         \$         6.46         .050         \$         19.38           0         0         .00         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00         .00         .00           0         0         .00</td></td<>	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           1         3         \$         19.38         \$         6.46         .050         \$         19.38           0         0         .00         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00         .00         .00           0         0         .00

PROSTHETICS	0	0	.00	. (	.000	)	.00	.00
ORTHOTICS	0	0	.00	. (	.000	)	.00	.00
PSYCHOLOGIST	0	0	.00	. (	.000	)	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	. (	.000	)	.00	.00
HOSPICE SERVICES	0	0	.00	. (	.000	)	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	. (	.000	)	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	. (	.000	)	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	. (	.000	)	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	. (	.000	)	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	. (	.000	)	.00	.00
ALL OTHER PROVIDERS	1	3	19.38	6.4	.050	)	19.38	.32
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .(	.000	) \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	14	1,742	\$ 2,247.10	\$ 1.2	29.033	\$	160.51	\$ 37.45
@XOVER EXCLUDING STATE HOSP**	14	1,742	\$ 2,247.10	\$ 1.2	29.033	\$ \$	160.51	\$ 37.45

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,233

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

					MON	THLY AVERAC	GE
1,600 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	497	3 <b>,</b> 552 \$	68,388.60	\$ 19.25	2.220 \$	137.60	\$ 42.74
@PHYSICIANS SERVICES	239	438 \$	13,362.62	\$ 30.51	.274 \$	55.91	\$ 8.35
OUTPATIENT VISITS	210	291	9,141.55	31.41	.182	43.53	5.71
OFFICE VISITS	160	220	6,067.75	27.58	.138	37.92	3.79
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	58	67	2,960.48	44.19	.042	51.04	1.85
PREVENTIVE CARE	1	1	43.85	43.85	.001	43.85	.03
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	69.47	23.16	.002	23.16	.04
INPATIENT VISITS	4	9	997.64	110.85	.006	249.41	.62
HOSPITAL VISITS	3	7	399.64	57.09	.004	133.21	.25
CRITICAL CARE	2	2	598.00	299.00	.001	299.00	.37
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	.00	.00	.001	.00	.00
EXAMINATIONS	1	1	.00	.00	.001	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	13	199.37	15.34	.008	99.69	.12
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	13	199.37	15.34	.008	99.69	.12
OUTPATIENT SURGERY	15	17	1,014.70	59.69	.011	67.65	.63
PRINCIPAL SURGEON	14	15	994.95	66.33	.009	71.07	.62
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	2	19.75	9.88	.001	19.75	.01
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	13	14	99.84	7.13	.009	7.68	.06
RADIOLOGY	32	45	709.98	15.78	.028	22.19	.44
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	6	60.36	10.06	.004	60.36	.04
OTHER SERVICES/ALL X-OVERS	26	42	1,139.18	27.12	.026	43.81	.71
@PHARMACY	172	268 \$	7,253.32	\$ 27.06	.168 \$	42.17	\$ 4.53
PRESCRIPTION DRUGS	172	266	7,144.69	26.86	.166	41.54	4.47
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	172	266	7,144.69	26.86	.166	41.54	4.47

MEDICAL SUPPLIES	2	2		108.63		54.32	.001		54.32		.07
@DENTIST	35	205	Ś	6,265.00	Ś	30.56		\$	179.00	Ś	3.92
VISITS - DIAGNOSTIC	28	97	7	1,398.00	4	14.41	.061	7	49.93	т.	.87
ORAL SURGERY	3	6		242.00		40.33	.004		80.67		.15
DRUGS	6	7		125.00		17.86	.004		20.83		.08
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	5	21		1,491.00		71.00	.013		298.20		.93
RESTORATIVE DENTISTRY	13	49		2,859.00		58.35	.031		219.92		1.79
PROSTHETICS	1	1		30.00		30.00	.001		30.00		.02
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	1	1		120.00		120.00	.001		120.00		.08
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	4	23		.00		.00	.014		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	RES MON	TH-OF-PAYMENT R	EPORT	FOR JAN 2	2004 THRU I	DEC	2004	PZ	AGE 9,234
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE		RES MON	TH-OF-PAYMENT R	EPORI	FOR JAN 2	2004 THRU I	DEC	2004	P	AGE 9,234 03/14/05
	FEE-FOR-SERVICE			NTH-OF-PAYMENT R.				DEC	2004	P	
MOP024	FEE-FOR-SERVICE	/DENTAL									
MOP024	FEE-FOR-SERVICE	/DENTAL	ROGRAM		CODES	3 72 74 8N	8P	ONTI		GE -	
MOP024 NEVADA COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR 133% PI	ROGRAM	AID	CODES	3 72 74 8N	8P MC	ONTI	HLY AVERA	GE -	03/14/05
MOP024 NEVADA COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR 133% PH UNITS OF SERVICE	ROGRAM	AID	CODES	3 72 74 8N	8P MC UNITS/DAYS	ONTI	HLY AVERA	GE - (	03/14/05  COST PER
MOP024 NEVADA COUNTY 1,600 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR 133% PH UNITS OF SERVICE	ROGRAM E	AID EXPENDITURES	CODES AVE PEF	3 72 74 8N CRAGE COST R UNIT/DAY	8P MC UNITS/DAYS PER ELIG	ONTI	HLY AVERA COST PER USER	GE - (	03/14/05  COST PER ELIGIBLE
MOP024 NEVADA COUNTY  1,600 ELIGIBLES  @OPTOMETRIST	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR 133% PH UNITS OF SERVICE	ROGRAM E	AID EXPENDITURES	CODES AVE PEF	G 72 74 8N GRAGE COST R UNIT/DAY 43.79	8P MC UNITS/DAYS PER ELIG .003	ONTI	HLY AVERA COST PER USER 43.79	GE - (	03/14/05  COST PER ELIGIBLE .11
MOP024 NEVADA COUNTY  1,600 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR 133% PH UNITS OF SERVICE	ROGRAM E	AID EXPENDITURES  175.15 175.15	CODES AVE PEF	3 72 74 8N CRAGE COST R UNIT/DAY 43.79 43.79	8P MC UNITS/DAYS PER ELIG .003 .003	ONTI	HLY AVERA COST PER USER 43.79 43.79 .00	GE - ( I \$	03/14/05  COST PER ELIGIBLE .11 .11
MOP024 NEVADA COUNTY  1,600 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR 133% PI UNITS OF SERVICE OR DAYS OF CARE 4 4 0	ROGRAM E	AID EXPENDITURES  175.15 175.15 .00	CODES AVE PEF	3 72 74 8N CRAGE COST R UNIT/DAY 43.79 43.79 .00	8P MC UNITS/DAYS PER ELIG .003 .003 .000	ONTI	HLY AVERA COST PER USER 43.79 43.79	GE - ( I \$	03/14/05  COST PER ELIGIBLE .11 .11
MOP024 NEVADA COUNTY  1,600 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR 133% PR UNITS OF SERVICE OR DAYS OF CARE 4 4 0 0	ROGRAM E E \$	AID EXPENDITURES  175.15 175.15 .00 .00	CODES AVE PEF \$	3 72 74 8N CRAGE COST R UNIT/DAY 43.79 43.79 .00 .00	8P MC UNITS/DAYS PER ELIG .003 .003 .000	ONTI S (	HLY AVERA COST PER USER 43.79 43.79 .00	GE - ( I \$	03/14/05  COST PER ELIGIBLE .11 .11 .00 .00
MOP024 NEVADA COUNTY  1,600 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR 133% PR UNITS OF SERVICE OR DAYS OF CARE 4 4 0 0 10 10 10	ROGRAM E E \$	AID 6 EXPENDITURES  175.15 175.15 .00 .00 154.66 154.66 .00	CODES AVE PEF \$	3 72 74 8N CRAGE COST R UNIT/DAY 43.79 43.79 .00 .00 15.47 15.47 .00	8P MC UNITS/DAYS PER ELIG .003 .003 .000 .000 .000	ONTI \$ \$	HLY AVERA COST PER USER 43.79 43.79 .00 .00 30.93 30.93 .00	GE - ( ; \$	03/14/05 
MOP024 NEVADA COUNTY  1,600 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR 133% PR UNITS OF SERVICE OR DAYS OF CARE 4 4 0 0 10 10	ROGRAM E E \$	AID 6 EXPENDITURES  175.15 175.15 .00 .00 154.66 154.66 .00 88.59	CODES AVE PEF \$	3 72 74 8N  CRAGE COST  R UNIT/DAY  43.79  .00  .00  15.47  15.47  .00  44.30	8P MC UNITS/DAYS PER ELIG .003 .003 .000 .000 .000 .006 .006 .000	ONTI \$ \$	HLY AVERA COST PER USER 43.79 43.79 .00 .00 30.93 30.93 .00 44.30	GE - ( ; \$	03/14/05 COST PER ELIGIBLE .11 .00 .00 .10 .10 .00 .00
MOP024 NEVADA COUNTY  1,600 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR 133% PR UNITS OF SERVICE OR DAYS OF CARE 4 4 0 0 10 10 10	ROGRAM E E \$ \$	AID 6 EXPENDITURES  175.15 175.15 .00 .00 154.66 154.66 .00	AVE PEF \$	3 72 74 8N CRAGE COST R UNIT/DAY 43.79 43.79 .00 .00 15.47 15.47 .00	8P MC UNITS/DAYS PER ELIG .003 .003 .000 .000 .000	ONTI \$ \$	HLY AVERA COST PER USER 43.79 43.79 .00 .00 30.93 30.93 .00	GE - ( ; \$	03/14/05 COST PER ELIGIBLE .11 .11 .00 .00 .10 .10 .00

Danto (Damuorogu	0	0		0.0		0.0	0.00		0.0		0.0
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0 \$	5	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0 \$	5	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0 \$	5	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	5	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	2	2 \$	3	52.36	\$	26.18	.001	\$		\$	.03
@TOTAL HOSPITAL	107	335		27,030.01	Š	80.69	.209	\$	252.62		16.89
HOSP INPATIENT TOTAL	6	14	,	19,561.51	Y	1397.25	.009	Y	3260.25	٧	12.23
	0										
HSC HOSPITALS	∠	7		8,680.00		1240.00	.004		4340.00		5.43
NON-HSC HOSPITAL TOTAL	4	7		10,881.51		1554.50	.004		2720.38		6.80
ACCOMMODATIONS	4	7		3 <b>,</b> 680.92		525.85	.004		920.23		2.30
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4	7		3,680.92		525.85	.004		920.23		2.30
ANCILLARIES	4	0		7,200.59		.00	.000		1800.15		4.50
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	102	321		7,468.50		23.27	.201		73.22		4.67
MEDICAL	32	38		1,156.26		30.43	.024		36.13		.72
	7	9									
SURGERY				136.96		15.22	.006		19.57		.09
PATHOLOGY	25	104		894.18		8.60	.065		35.77		.56
RADIOLOGY	27	29		1,293.99		44.62	.018		47.93		.81
ROOM USE	78	91		3,112.41		34.20	.057		39.90		1.95
CROSSOVERS/ALL OTH OUTPTNT	31	50		874.70		17.49	.031		28.22		.55
@COUNTY HOSPITAL TOTAL	0	0 \$	5	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		
ALL OTHER ACCOM						.00	.000				.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
		ES AND EXPENDITURES	MON1		ZPOR			DEC		PΔ	GE 9,235
MOP024	FEE-FOR-SERVICE		7 110111		JI 01(	.1 1010 01110 2	.001 11110	рцс	2001	111	03/14/05
NEVADA COUNTY			MAGE	ATD (	2005	S 72 74 8N	0 D				03/14/03
NEVADA COUNTI	SUMMARI OF SERV	ICES FOR 133% PROG	RAM	AID (	CODE	5 /2 /4 ON		ONTH.	III	CE	
1 600 51 10151 50							M				
1,600 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					OST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	107	335 \$	ó	27,030.01	\$			\$	252.62	Ş	16.89
COMM HOSP INPATIENT TOTAL	6	14		19,561.51		1397.25	.009		3260.25		12.23
HSC HOSPITALS	2	7		8,680.00		1240.00	.004		4340.00		5.43
NON-HSC HOSPITALS TOTAL	4	7		10,881.51		1554.50	.004		2720.38		6.80
ACCOMMODATIONS	4	7		3,680.92		525.85	.004		920.23		2.30
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	•	-									

ALL OTHER ACCOM	4	7		3,680.92		525.85	.004		920.23		2.30
ANCILLARIES	4	0		7,200.59		.00	.000		1800.15		4.50
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	102	321		7,468.50		23.27	.201		73.22		4.67
MEDICAL	32	38		1,156.26		30.43	.024		36.13		.72
SURGERY	7	9		136.96		15.22	.006		19.57		.09
PATHOLOGY	25	104		894.18		8.60	.065		35.77		.56
RADIOLOGY	27	29		1,293.99		44.62	.018		47.93		.81
ROOM USE	78	91		3,112.41		34.20	.057		39.90		1.95
CROSSOVERS/ALL OTH OUTPINT		50		874.70		17.49	.031		28.22		.55
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	2	29	\$	459.28	\$	15.84	.018	\$	229.64	\$	.29
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	2	29		459.28		15.84	.018		229.64		.29
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	38	66	\$	6,410.78	\$		.041	\$		\$	4.01
CLINIC	10	16		372.11		23.26	.010		37.21		.23
SURGICENTER	2	13		477.42		36.72	.008		238.71		.30
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	27	37		5,561.25		150.30	.023		205.97		3.48
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		IRES MO	NTH-OF-PAYMENT F	REPORT	FOR JAN 2	2004 THRU	DEC	2004	PA	AGE 9,236
MOP024	FEE-FOR-SERVICE,										03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR 133% P	ROGRAM	AID	CODES	72 74 8N				~-	
1 600			_				M				
1,600 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAY				COST PER
^	2.5	OR DAYS OF CAR		E 106 00			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	37	•	\$	7,136.83	\$		1.371	Ş	192.89	Ş	4.46
DURABLE MED. EQUIP.	2	4		218.40		54.60	.003		109.20		.14
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	5	52		802.02		15.42	.033		160.40		.50
AMBULANCES/AIR TRANS	5	52		802.02		15.42	.033		160.40		.50
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00

0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
1	1		168.00		168.00	.001		168.00		.11
1	1		168.00		168.00	.001		168.00		.11
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
29	2,132		5 <b>,</b> 943.76		2.79	1.333		204.96		3.71
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
1	4		4.65		1.16	.003		4.65		.00
6	72	\$	1,573.68	\$	21.86	.045	\$	262.28	\$	.98
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
	0 0 0 0 1 1 0 0 0 0 0 29 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0       0       .00         0       0       .00         0       0       .00         0       0       .00         1       1       168.00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00	0       0       .00         0       0       .00         0       0       .00         0       0       .00         1       1       168.00         1       1       168.00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00 <td>0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         1       1       168.00       168.00         1       1       168.00       168.00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         29       2,132       5,943.76       2.79         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       .00       .00       .00      <tr< td=""><td>0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .000       .000         1       1       168.00       168.00       .001         1       1       168.00       168.00       .001         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         29       2,132       5,943.76       2.79       1.333         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .00</td><td>0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         1       1       168.00       168.00       .001         1       1       168.00       168.00       .001         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         29       2,132       5,943.76       2.79       1.333         0       0       .00       .00       .00       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .00       .00         0</td><td>0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         1       1       168.00       168.00       .001       168.00         0       0       .00       .00       .001       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0</td><td>0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         1       1       168.00       168.00       .001       168.00         1       1       168.00       168.00       .001       168.00         0       0       .00       .00       .001       168.00         0       0       .00       .00       .000       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .0</td></tr<></td>	0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         1       1       168.00       168.00         1       1       168.00       168.00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         29       2,132       5,943.76       2.79         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       .00       .00       .00 <tr< td=""><td>0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .000       .000         1       1       168.00       168.00       .001         1       1       168.00       168.00       .001         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         29       2,132       5,943.76       2.79       1.333         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .00</td><td>0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         1       1       168.00       168.00       .001         1       1       168.00       168.00       .001         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         29       2,132       5,943.76       2.79       1.333         0       0       .00       .00       .00       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .00       .00         0</td><td>0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         1       1       168.00       168.00       .001       168.00         0       0       .00       .00       .001       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0</td><td>0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         1       1       168.00       168.00       .001       168.00         1       1       168.00       168.00       .001       168.00         0       0       .00       .00       .001       168.00         0       0       .00       .00       .000       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .0</td></tr<>	0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .000       .000         1       1       168.00       168.00       .001         1       1       168.00       168.00       .001         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         29       2,132       5,943.76       2.79       1.333         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .00	0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         1       1       168.00       168.00       .001         1       1       168.00       168.00       .001         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         29       2,132       5,943.76       2.79       1.333         0       0       .00       .00       .00       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .00       .00         0	0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         1       1       168.00       168.00       .001       168.00         0       0       .00       .00       .001       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0	0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         1       1       168.00       168.00       .001       168.00         1       1       168.00       168.00       .001       168.00         0       0       .00       .00       .001       168.00         0       0       .00       .00       .000       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .0

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,237
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

----- MONTHLY AVERAGE -----1,692 ELIGIBLES USERS EXPENDITURES UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 179.57 \$ @TOTAL, ALL PROVIDERS 727 3,560 \$ 130,548.00 \$ 36.67 2.104 \$ 77.16 260 @PHYSICIANS SERVICES 836 20,027.05 \$ 23.96 .494 \$ 77.03 \$ 11.84 207 254 9,749.53 47.10 OUTPATIENT VISITS 38.38 .150 5.76 147 178 32.00 38.74 OFFICE VISITS 5,695.23 .105 3.37 .00 .00 51.88 .00 .00 HOME VISITS 0 0 .000 .00 3,683.82 57.56 EMERGENCY ROOM 71 .042 2.18 0 0 .00 .00 .00 .000 PREVENTIVE CARE 3 OB VISITS/COMPRE PERI 3 313.10 104.37 .002 104.37 .19 2 OTHER OUTPATIENT 57.38 28.69 .001 28.69 .03 18 61.99 .011 123.97 INPATIENT VISITS 1,115.75 123.97 HOSPITAL VISITS 18 1,115.75 61.99 .011 .66 CRITICAL CARE .00 .00 .000 .00 .00 0 .00 .00 .000 .00 SNF/ICF/TRANS IP CARE 57.79 28.90 .001 57.79 .03 OPHTHALMOLOGICAL SERVICES EXAMINATIONS 57.79 28.90 .001 57.79 .03 .00 SERVICES AND MATERIALS .00 .00 .000 .00 1,973.61 1,693.92 INPATIENT HOSPITAL SURGERY 100 19.74 .059 493.40 1.17 4 423.48 .002 564.64 1.00 PRINCIPAL SURGEON 93.08 93.08 .001 93.08 ASSISTANT SURGEON ANESTHESIOLOGIST 95 186.61 1.96 .056 186.61 .11 17 43 2,184.98 50.81 128.53 OUTPATIENT SURGERY .025 1.29 14 17 95.93 116.49 PRINCIPAL SURGEON 1,630.88 .010 0 .00 ASSISTANT SURGEON 0 .00 .000 .00 .00 26 554.10 21.31 138.53 .33 ANESTHESIOLOGIST .015 .00 .00 .000 .00 DIALYSIS 26 34 412.21 12.12 PATHOLOGY .020 15.85 .24 74 2,194.20 29.65 34.28 RADIOLOGY 64 .044 1.30 PSYCHIATRY .00 .000 .00 .00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	2	2	115.52	57.76	.001	57.76	.07
OTHER SERVICES/ALL X-OVERS	25	309	2,223.46	7.20	.183	88.94	1.31
@PHARMACY	222	363	19,662.06	\$ 54.17	.215 \$	88.57	\$ 11.62
PRESCRIPTION DRUGS	220	358	19,633.27	54.84	.212	89.24	11.60
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	220	358	19,633.27	54.84	.212	89.24	11.60
MEDICAL SUPPLIES	3	5	28.79	5.76	.003	9.60	.02
@DENTIST	73	350	9,814.00	\$ 28.04	.207 \$	134.44	\$ 5.80
VISITS - DIAGNOSTIC	62	241	4,530.00	18.80	.142	73.06	2.68
ORAL SURGERY	9	24	986.00	41.08	.014	109.56	.58
DRUGS	4	4	50.00	12.50	.002	12.50	.03
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	3	6	926.00	154.33	.004	308.67	.55
RESTORATIVE DENTISTRY	20	71	3,247.00	45.73	.042	162.35	1.92
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	6	4	75.00	18.75	.002	12.50	.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU DE	C 2004	PAGE 9,238
MOP024	FEE-FOR-SERVICE/DENT	AT,					03/14/05

MOP024
NEVADA COUNTY FEE-FOR-SERVICE/DENTAL 03/14/05

SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

NEVADA COUNTI	SUMMARI OF SERV	AICED FOR IOOS EVO	JGRAM	AID (		5 /A /C OK	0.1				
							MO			GE.	
1,692 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV.	ERAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE			PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	17	38	\$	1,035.43	\$	27.25	.022	\$	60.91	\$	.61
DIAGNOSTIC AND ANC. PROCED	17	17		750.58		44.15	.010		44.15		.44
EYE APPLIANCES	7	21		284.85		13.56	.012		40.69		.17
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	4	12	\$	117.04	\$	9.75	.007	\$	29.26	\$	.07
VISITS	4	12		117.04		9.75	.007		29.26		.07
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	2	2	\$	48.00	\$	24.00	.001	\$	24.00	\$	.03
@TOTAL HOSPITAL	166	861	\$	46,675.41	\$	54.21	.509	\$	281.18	\$	27.59
HOSP INPATIENT TOTAL	8	18		24,742.73		1374.60	.011		3092.84		14.62
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	8	18		24,742.73		1374.60	.011		3092.84		14.62
ACCOMMODATIONS	8	18		7,369.12		409.40	.011		921.14		4.36
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8	18		7,369.12		409.40	.011		921.14		4.36
ANCILLARIES	8	0		17,373.61		.00	.000		2171.70		10.27
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	161	843		21,932.68	26.02	.498	136.23		12.96
MEDICAL	24	29		1,320.33	45.53	.017	55.01		.78
SURGERY	16	19		1,163.50	61.24	.011	72.72		.69
PATHOLOGY	70	213		2,891.35	13.57	.126	41.31		1.71
RADIOLOGY	54	63		4,415.50	70.09	.037	81.77		2.61
ROOM USE	102	157		5,586.67	35.58	.093	54.77		3.30
CROSSOVERS/ALL OTH OUTPINT	64	362		6,555.33	18.11	.214	102.43		3.87
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURE	ES MOI	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU 1	DEC 2004		E 9,239
MOP024	FEE-FOR-SERVICE/	DENTAL						(	03/14/05
NEVADA COUNTY	SUMMARY OF SERVI	CES FOR 100% PRO	OGRAM	AID (	CODES 7A 7C 8R				
							ONTHLY AVERA		
1,692 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				ST PER
_		OR DAYS OF CARE			PER UNIT/DAY				IGIBLE
@COMMUNITY HOSPITAL TOTAL	166	861	\$	46,675.41	\$ 54.21	.509	\$ 281.18	\$	27.59

COMM HOSP INPATIENT TOTAL	8	18		24,742.73		1374.60	.011		3092.84		14.62
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	8	18		24,742.73		1374.60	.011		3092.84		14.62
ACCOMMODATIONS	8	18		7,369.12		409.40	.011		921.14		4.36
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8	18		7,369.12		409.40	.011		921.14		4.36
ANCILLARIES	8	0		17,373.61		.00	.000		2171.70		10.27
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	161	843		21,932.68		26.02	.498		136.23		12.96
MEDICAL	24	29		1,320.33		45.53	.017		55.01		.78
SURGERY	16	19		1,163.50		61.24	.011		72.72		.69
PATHOLOGY	70	213		2,891.35		13.57	.126		41.31		1.71
RADIOLOGY	54	63		4,415.50		70.09	.037		81.77		2.61
ROOM USE	102	157		5,586.67		35.58	.093		54.77		3.30
CROSSOVERS/ALL OTH OUTPTNT	64	362		6,555.33		18.11	.214		102.43		3.87
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	_	.00	_	.00	.000	_	.00	_	.00
@LABORATORY FACILITY	14	35	\$	703.83	\$	20.11	.021	Ş	50.27	Ş	.42
PATHOLOGY	14	35		703.83		20.11	.021		50.27		.42
XO AND OTHERS	0	0	<b>^</b>	.00	<u> </u>	.00	.000	<u>^</u>	.00	<u> </u>	.00
@ORGANIZED OUTPATIENT CLINIC	101	140	\$	19,435.42	\$	138.82	.083	\$	192.43	Ş	11.49
CLINIC	23	39		1,277.73		32.76	.023		55.55		.76
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	78	101	IIDEG MOI	18,157.69		179.78	.060	DEG	232.79	Б.	10.73
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDIT	URES MOI	NTH-OF-PAYMENT I	REPORT	' FOR JAN A	2004 THRU	DEC	2004	Ρ.	AGE 9,240
MOP024	FEE-FOR-SERVICE			3.7.0	CODEC	77 70 00	0.00				03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR 100%	PROGRAM	AID	CODES	7A /C 8R		«∩»ım	III W 717007	CE	
1 602 ELICIDIES	HCEDC	INTEC OF CEDUT	CE.	EXPENDITURES	7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7	DACE COCE			HLY AVERA		COST PER
1,692 ELIGIBLES	USERS	UNITS OF SERVI		EVLENDIIOKE2							
ANTI OTHER RECUITERS	134	OR DAYS OF CA	KE \$	13,029.76		UNIT/DAY	.546				ELIGIBLE 7 70
@ALL OTHER PROVIDERS	134		ٻ	37.74		14.12 18.87		Ą	37.74	ې	7.70 .02
DURABLE MED. EQUIP. BLOOD BANK	0	2		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	11	126		3,824.16		30.35	.074		347.65		2.26
HEDICAL INANSFORTATION	Τ.Τ.	120		3,024.10		50.55	.0/4		J=1.0J		2.20

AMBULANCES/AIR TRANS	11	125	2,024.16	16.19	.074		184.01	1.20
OTHER TRANS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.001	1	1800.00	1.06
ACUPUNCTURE	0	0	.00	.00	.000		.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000		.00	.00
GENETIC DISEASE TESTING	6	6	630.00	105.00	.004		105.00	.37
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000		.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000		.00	.00
OPTICIAN	6	12	99.84	8.32	.007		16.64	.06
PHYSICAL THERAPIST	0	0	.00	.00	.000		.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000		.00	.00
PROSTHETIST/ORTHOTISTS	1	1	144.48	144.48	.001		144.48	.09
PROSTHETICS	1	1	144.48	144.48	.001		144.48	.09
ORTHOTICS	0	0	.00	.00	.000		.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000		.00	.00
SPEECH AND AUDIOLOGY	2	4	1,231.46	307.87	.002		615.73	.73
HOSPICE SERVICES	0	0	.00	.00	.000		.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	108	771	7,054.07	9.15	.456		65.32	4.17
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	1	1	8.01	8.01	.001		8.01	.00
@CALIF. CHILDREN SERVICES*	10	65	\$ 3,619.67	\$ 55.69	.038		361.97	\$ 2.14
@XOVER EXCLUDING STATE HOSP**	1	10	\$ 135.99	\$ 13.60	.006	\$	135.99	\$ .08

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,241
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 75 17 2,631.29 35.08 .000 \$ 154.78 \$ @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES 3 3 169.78 56.59 .000 \$ 56.59 \$ .00 OUTPATIENT VISITS 0 0 .00 .00 .000 .00 .00 .00 .00 .00 OFFICE VISITS .000 .00 HOME VISITS .00 .00 .000 .00 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 .00 .00 PREVENTIVE CARE .000 .00 .00 .000 .00 OB VISITS/COMPRE PERI .00 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 .00 .00 INPATIENT VISITS .000 HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 OPHTHALMOLOGICAL SERVICES .00 .00 .00 .000 .00 .00 .00 .00 EXAMINATIONS .000 .00 .00 .00 .000 .00 .00 SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 .00 .000 .00 ASSISTANT SURGEON ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY 0 .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .000 .00 .00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	3	3	169.78	56.59	.000	56.59	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	1	2 \$	8.51	\$ 4.26	.000 \$	8.51	\$ .00
PRESCRIPTION DRUGS	1	2	8.51	4.26	.000	8.51	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1	2	8.51	4.26	.000	8.51	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2004 THRU DEG	C 2004	PAGE 9,242
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR PRESUMPTIV	E ELIGIBILITY-PREG	NANT AID CODES	7F 7G		
					MON'	THLY AVERAC	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	Ω	Λ	0.0	0.0	000	0.0	$\cap \cap$

						[M]	OIN T	TLI AVERA	GĽ	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	9	66	\$ 2,203.77	\$	33.39	.000	\$	244.86	\$	.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	•					
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	Ω	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	U	-					
HOSP OUTPATIENT TOTAL	9	66	2,203.77	33.39	.000	244.86	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	57.56	57.56	.000	57.56	.00
PATHOLOGY	2	2	64.17	32.09	.000	32.09	.00
	1	2					
RADIOLOGY	1		98.79	49.40	.000	98.79	.00
ROOM USE	7	13	443.37	34.11	.000	63.34	.00
CROSSOVERS/ALL OTH OUTPINT	8	48	1,539.88	32.08	.000	192.49	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
HSC HOSPITALS	Ü		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	Ö	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	U						
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	0					
CO HOSP OUTPATIENT TOTAL	U	U	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	Ω	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
ROOM USE	Ü	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MO	ONTH-OF-PAYMENT RE	PORT FOR JAN 2	004 THRU DEG	2004	PAGE 9,243
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FO		ETTCTDTTTTV_DDECN	INNE ATO CODEC	7F 7C		03/11/03
NEVADA COUNTI	SUMMARI OF SERVICES FO	K FKESUMFIIVE	ELIGIDILIII—FKEGN				<b>~</b> 5
					MON'		-
00 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DA	YS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	66 \$	2,203.77	\$ 33.39	.000 \$	244.86	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
HSC HOSPITALS	Ü	•	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0						
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL ORDER INDAMENM	0	0	0.0	0.0	000	0.0	0.0

66

0

1

2

13

48

0

0

2

1

7

8

ALL OTHER INPATIENT

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY ROOM USE

@STATE HOSPITAL

COMM HOSP OUTPATIENT TOTAL

CROSSOVERS/ALL OTH OUTPINT

.00

.00

57.56

64.17

98.79

.00 \$

443.37

1,539.88

2,203.77

.00

33.39

.00

57.56

32.09

49.40

34.11

32.08

.00

.000

.000

.000

.000

.000

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.00

244.86

.00

57.56

32.09

98.79

63.34

192.49

.000 \$ .00 \$

.00

.00

.00

.00

.00

.00

.00

.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	2	\$	36.47	\$	18.24	.000	\$	18.24	\$	.00
PATHOLOGY	2	2		36.47		18.24	.000		18.24		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	2.76	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		2.76		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			RES I	MONTH-OF-PAYMENT RE	EPOR	T FOR JAN 2	2004 THRU	DEC	2004	PAG	•
MOP024	FEE-FOR-SERVICE/										03/14/05
NEVADA COUNTY	SUMMARY OF SERVI	CES FOR PRESUM	PTIVI	E ELIGIBILITY-PREGN	NANT	AID CODES	7F 7G				
									HLY AVERA	-	
00 ELIGIBLES	USERS	JNITS OF SERVIC	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S (	COST PER	CC	ST PER

	C	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2	2 \$	210.00	\$ 105.00	.000 \$	105.00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	210.00	105.00	.000	105.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
A* MOMATO IN MURCE TIMES ARE CIVEN		TMEODMARTON TREM ONLY.					

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,245 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 NEVADA COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

NE VIET COUNTY	DOMINING OF DELICE	ICHO ION	THEFT CIT	(	JDDIKCOHODID IKOGRAM		ID CODE	/ 11				
								MO	YLHTNC	AVERA	GE	
36 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERA	GE COST	UNITS/DAYS	s cosi	PER		COST PER
		OR DAYS	OF CARE			PER U	NIT/DAY	PER ELIG	US	SER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@PHYSICIANS SERVICES	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
OUTPATIENT VISITS	0		0		.00		.00	.000		.00		.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	_	_								
111111111111111111111111111111111111111	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
	0	0								
ASSISTANT SURGEON	U	U		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	O		.00		.00	.000	.00		.00
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
	0	· ·								
OTHER SERVICES/ALL X-OVERS	U	0		.00		.00	.000	.00		.00
@PHARMACY	1	0	\$	.00	\$	.00	.000	•	\$	.00
PRESCRIPTION DRUGS	1	0		.00		.00	.000	.00		.00
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	1	0		.00		.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000		¢	.00
-	0		Y		Y			•	Y	
VISITS - DIAGNOSTIC	U	0		.00		.00	.000	.00		.00
ORAL SURGERY	Ü	Ü		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		
	0	0								.00
DENTURES, STAYPLATES	U	U		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
										AGE 9,246
		AND EXPENDITIE	ES 1					EC 2004	P	1100 0,210
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		RES 1	MONIII OF FAIMENT I	CEPOKI	FOR OAN 2	2004 IRKO D	EC 2004	P	03/11/05
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES FEE-FOR-SERVICE/I	ENTAL						EC 2004	F	03/14/05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES FEE-FOR-SERVICE/I	ENTAL		UBERCULOSIS PROGRA		AID CODE	7н			
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY	MEDI-CAL SERVICES FEE-FOR-SERVICE/I SUMMARY OF SERVICE	ENTAL CES FOR MEDI-CA	L T	UBERCULOSIS PROGRA	MA	AID CODE	7H MO	NTHLY AVERA	AGE	
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES FEE-FOR-SERVICE/I SUMMARY OF SERVICE	ENTAL	L T		AM AVE	AID CODE	7H MO UNITS/DAYS	NTHLY AVERA COST PER	AGE	 COST PER
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY	MEDI-CAL SERVICES FEE-FOR-SERVICE/I SUMMARY OF SERVICE	ENTAL CES FOR MEDI-CA	L T	UBERCULOSIS PROGRA	AM AVE	AID CODE	7H MO	NTHLY AVERA	AGE	
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY	MEDI-CAL SERVICES FEE-FOR-SERVICE/I SUMMARY OF SERVICE	DENTAL CES FOR MEDI-CA UNITS OF SERVICE	L T	UBERCULOSIS PROGRA	AM AVE	AID CODE	7H MO UNITS/DAYS	NTHLY AVERA COST PER USER	AGE	 COST PER
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  36 ELIGIBLES @OPTOMETRIST	MEDI-CAL SERVICES FEE-FOR-SERVICE/I SUMMARY OF SERVICE USERS 0	DENTAL  CES FOR MEDI-CA  UNITS OF SERVICE OR DAYS OF CARE  0	L T	UBERCULOSIS PROGRA EXPENDITURES .00	AM AVE PER	AID CODE RAGE COST UNIT/DAY .00	7H MO UNITS/DAYS PER ELIG .000	NTHLY AVERA COST PER USER \$.00	AGE	COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  36 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICES FEE-FOR-SERVICE/I SUMMARY OF SERVICE  USERS  0 0 0	DENTAL  DES FOR MEDI-CA  UNITS OF SERVICE OR DAYS OF CARE  0 0	L T	PUBERCULOSIS PROGRA EXPENDITURES .00 .00	AM AVE PER	AID CODE RAGE COST UNIT/DAY .00 .00	7H MO UNITS/DAYS PER ELIG .000 .000	NTHLY AVERA COST PER USER \$ .00	AGE	COST PER ELIGIBLE .00
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  36 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICES FEE-FOR-SERVICE/I SUMMARY OF SERVICE USERS 0	DENTAL  DES FOR MEDI-CA  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0	L T	EXPENDITURES  .00 .00 .00	AM AVE PER	AID CODE  RAGE COST UNIT/DAY .00 .00 .00	7H MO UNITS/DAYS PER ELIG .000 .000	NTHLY AVERA COST PER USER \$ .00 .00	AGE	COST PER ELIGIBLE .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  36 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	MEDI-CAL SERVICES FEE-FOR-SERVICE/I SUMMARY OF SERVICE  USERS  0 0 0	DENTAL  DES FOR MEDI-CA  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0	L T	EXPENDITURES  .00 .00 .00 .00	AM AVE PER \$	AID CODE  RAGE COST UNIT/DAY .00 .00 .00 .00	7H MO UNITS/DAYS PER ELIG .000 .000 .000	NTHLY AVERA COST PER USER \$ .00 .00 .00	AGE \$	COST PER ELIGIBLE .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  36 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVICES FEE-FOR-SERVICE/I SUMMARY OF SERVICE  USERS  0 0 0	DENTAL  DES FOR MEDI-CA  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0	L T	EXPENDITURES  .00 .00 .00 .00 .00	AM AVE PER	AID CODE  RAGE COST UNIT/DAY .00 .00 .00 .00 .00	7H MO UNITS/DAYS PER ELIG .000 .000 .000	NTHLY AVERA COST PER USER \$ .00 .00 .00 .00	AGE \$	COST PER ELIGIBLE .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  36 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVICES FEE-FOR-SERVICE/I SUMMARY OF SERVICE  USERS  0 0 0 0 0 0 0 0	DENTAL  DES FOR MEDI-CA  UNITS OF SERVICE  OR DAYS OF CARE  0  0  0  0  0  0  0  0	L T	EXPENDITURES  .00 .00 .00 .00 .00 .00	AM AVE PER \$	AID CODE  RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00	7H MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000	NTHLY AVERA COST PER USER \$ .00 .00 .00 .00 \$ .00	AGE \$	COST PER ELIGIBLE .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  36 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVICES FEE-FOR-SERVICES SUMMARY OF SERVICE  USERS  0 0 0 0 0 0 0 0 0 0	DENTAL  DES FOR MEDI-CA  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0	L T	EXPENDITURES  .00 .00 .00 .00 .00	AM AVE PER \$	AID CODE  RAGE COST UNIT/DAY .00 .00 .00 .00 .00	7H MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000	NTHLY AVERA COST PER USER \$ .00 .00 .00 .00 \$ .00	AGE \$	COST PER ELIGIBLE .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  36 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVICES FEE-FOR-SERVICE/I SUMMARY OF SERVICE  USERS  0 0 0 0 0 0 0 0	DENTAL  DES FOR MEDI-CA  UNITS OF SERVICE  OR DAYS OF CARE  0  0  0  0  0  0  0  0	L T	EXPENDITURES  .00 .00 .00 .00 .00 .00	AM AVE PER \$	AID CODE  RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00	7H MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000	NTHLY AVERA COST PER USER \$ .00 .00 .00 .00 \$ .00	AGE \$	COST PER ELIGIBLE .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  36 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVICES FEE-FOR-SERVICES SUMMARY OF SERVICE  USERS  0 0 0 0 0 0 0 0 0 0	DENTAL  DES FOR MEDI-CA  UNITS OF SERVICE  OR DAYS OF CARE  0 0 0 0 0 0 0 0	L T	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00	AM AVE PER \$	AID CODE  RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00	7H MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000	NTHLY AVERA COST PER USER \$ .00 .00 .00 .00 \$ .00	AGE \$	COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  36 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	MEDI-CAL SERVICES FEE-FOR-SERVICE/I SUMMARY OF SERVICE  USERS  0 0 0 0 0 0 0 0 0 0 0	DENTAL  DES FOR MEDI-CA  UNITS OF SERVICE  OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0	L T	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00	AM AVE PER \$	AID CODE  RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	7H MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$ .00 .00 .00 .00 \$ .00 .00 \$ .00 .00	AGE \$	COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  36 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICES FEE-FOR-SERVICE/I SUMMARY OF SERVICE  USERS  0 0 0 0 0 0 0 0 0 0 0 0	DENTAL DES FOR MEDI-CA DIVITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0	L T	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AM AVE PER \$	AID CODE  RAGE COST  UNIT/DAY  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	7H MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$ .00 .00 .00 .00 \$ .00 \$ .00 \$ .00 \$ .00 .00	AGE \$	COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  36 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	MEDI-CAL SERVICES FEE-FOR-SERVICES SUMMARY OF SERVICE  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DENTAL DES FOR MEDI-CA DIVITS OF SERVICE OR DAYS OF CARE O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	L T	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AM AVE PER \$	AID CODE  RAGE COST  UNIT/DAY  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	7H MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$ .00 .00 .00 .00 \$ .00 .00 \$ .00 .00 .00	AGE \$	COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  36 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	MEDI-CAL SERVICES FEE-FOR-SERVICES SUMMARY OF SERVICE  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DENTAL DES FOR MEDI-CA DIVITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	L T	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AM AVE PER \$	AID CODE  RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	7H MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$ .00 .00 .00 .00 \$ .00 \$ .00 .00 .00 .00 .00	AGE \$ \$	COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  36 ELIGIBLES  @OPTOMETRIST     DIAGNOSTIC AND ANC. PROCED     EYE APPLIANCES     OTHER OPTOMETRIC SERVICES @CHIROPRACTOR     VISITS     OTHER SERVICES @PODIATRIST     MEDICINE/INJECTIONS     SURGERY/ANES.     RADIO./PATHOLOGY     OTHER @HOME HEALTH AGENCY	MEDI-CAL SERVICES FEE-FOR-SERVICES SUMMARY OF SERVICE  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DENTAL DES FOR MEDI-CA DES FOR	L T	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AM  AVE PER \$ \$	AID CODE  RAGE COST	7H MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$ .00 .00 .00 \$ .00 \$ .00 \$ .00 .00 .00 .00 .00 .00	AGE \$ \$ \$	COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  36 ELIGIBLES  @OPTOMETRIST     DIAGNOSTIC AND ANC. PROCED     EYE APPLIANCES     OTHER OPTOMETRIC SERVICES @CHIROPRACTOR     VISITS     OTHER SERVICES @PODIATRIST     MEDICINE/INJECTIONS     SURGERY/ANES.     RADIO./PATHOLOGY     OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	MEDI-CAL SERVICES FEE-FOR-SERVICES SUMMARY OF SERVICE  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DENTAL DES FOR MEDI-CA DES FOR	L T	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AM  AVE PER \$ \$ \$	AID CODE  RAGE COST	7H MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$ .00 .00 .00 \$ .00 \$ .00 \$ .00 .00 .00 .00 .00 .00 .00 .00	**************************************	COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  36 ELIGIBLES  @OPTOMETRIST     DIAGNOSTIC AND ANC. PROCED     EYE APPLIANCES     OTHER OPTOMETRIC SERVICES @CHIROPRACTOR     VISITS     OTHER SERVICES @PODIATRIST     MEDICINE/INJECTIONS     SURGERY/ANES.     RADIO./PATHOLOGY     OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVICES FEE-FOR-SERVICES SUMMARY OF SERVICE  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DENTAL DES FOR MEDI-CA DES FOR	L T	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AM  AVE PER \$ \$ \$	AID CODE  RAGE COST	7H MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$ .00 .00 .00 \$ .00 \$ .00 .00 \$ .00 .00 .00 .00 .00 .00 .00 .00	AGE \$ \$ \$ \$ \$	COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY  36 ELIGIBLES  @OPTOMETRIST     DIAGNOSTIC AND ANC. PROCED     EYE APPLIANCES     OTHER OPTOMETRIC SERVICES @CHIROPRACTOR     VISITS     OTHER SERVICES @PODIATRIST     MEDICINE/INJECTIONS     SURGERY/ANES.     RADIO./PATHOLOGY     OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	MEDI-CAL SERVICES FEE-FOR-SERVICES SUMMARY OF SERVICE  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DENTAL DES FOR MEDI-CA DES FOR	L T	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AM  AVE PER \$ \$ \$	AID CODE  RAGE COST	7H MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	NTHLY AVERA COST PER USER \$ .00 .00 .00 \$ .00 \$ .00 \$ .00 .00 .00 .00 .00 .00 .00 .00	**************************************	COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

	_	_					
FAMILY NURSE PRACTITIONER	0		.00	\$ .00	.000 \$		\$ .00
@TOTAL HOSPITAL	0		.00	\$ .00	.000 \$		•
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	Û	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER ACCOM	U	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					.00
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	U	U	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 5	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0					
TRANSITIONAL IP CARE	U	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	Û	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0					
PATHOLOGY	U	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES	S MONTH-OF-PAYMENT R	REPORT FOR JAN	2004 THRU DE	C 2004	PAGE 9,247
MOP024	FEE-FOR-SERVICE	E/DENTAL					03/14/05
NEVADA COUNTY	SUMMARY OF SERV	VICES FOR MEDI-CAL	TUBERCULOSIS PROGRA	M AID COD	E 7H		
112111211 0001111	2011111111	. 1020 1011 11251 0112	102210020010 110010			THLY AVERAG	FE
36 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	ATTEDACE COS	T UNITS/DAYS		COST PER
20 FFIGIPIES	OSEKS		EVLENDIIOKES				
0.0000		OR DAYS OF CARE		PER UNIT/DA		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		.00	\$ .00	.000 \$		•
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER ACCOM	U	U	.00	.00	.000	.00	.00
ANCILLARIES	U	Ü	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	Ō	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	•	\$	.00	\$	.00	.000	\$	.00	Ś	.00
• • • • • • • • • • • • • • • • • • • •	0	0	Ÿ	.00	Y	.00	.000	Y	.00	Ÿ	.00
MENTALLY ILL	0	•									
DEVELOP. DISABLED	0	0	<u>^</u>	.00	<u>~</u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@NURSING FACILITY	U		\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	O	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	•	\$	.00	\$	.00	.000	\$	.00	Ġ	.00
HOSPITAL BASED	0	0	Y	.00	Ÿ	.00	.000	Y	.00	Y	.00
	0	0									
HEMODIALYSIS CENTER	0	•	<u>^</u>	.00	<u>~</u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@REHABILITATION FACILITY	U		\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	Ü	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	•	S MON		PORT			DEC		PΑ	GE 9,248
MOP024	FEE-FOR-SERVICE/DEN		0 1101	VIII OI IIIIIIIIVI KE	. 01(1	1010 01110 2	2001 111110	בב	2001		03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES		TITE	PCHIOSIS PROGRAM		AID CODE	7 H				03/14/03
NEVADA COUNTI	SOMMAN OF SERVICES	TON MEDICAL	TODE	INCOLOSIS INCONA		AID CODE		м∩мп	HLY AVERA	CF _	
36 ELIGIBLES	USERS UNI	TS OF SERVICE		EXPENDITURES	7/1/2	RAGE COST			COST PER		OST PER
20 FILGIBLES				EXPENDITORES		UNIT/DAY	PER ELI		USER		LIGIBLE
GALL OBUED DDOLLDEDG	0	R DAYS OF CARE 0	Ċ	0.0	\$						
@ALL OTHER PROVIDERS			\$	.00	Ş	.00	.000	Ş	.00	Ą	.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00
TROSTHETIST/ORIHOTISTS	U	U		.00		.00	.000		.00		.00

PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
A* MOMATO IN MURCE TIMES ARE CIVEN AS	A CEDADAME	TNIECDMARITONI TR	TEM ONT V.					

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,249
MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

						MO1	NTHLY AVERA	GE
102 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	128	826	\$	84,964.85	\$ 102.86	8.098	\$ 663.79	\$ 832.99
@PHYSICIANS SERVICES	60	201	\$	14,688.43	\$ 73.08	1.971	\$ 244.81	\$ 144.00
OUTPATIENT VISITS	20	22		1,768.52	80.39	.216	88.43	17.34
OFFICE VISITS	9	9		517.14	57.46	.088	57.46	5.07
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4		205.68	51.42	.039	51.42	2.02
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	8	9		1,045.70	116.19	.088	130.71	10.25
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
TNPATTENT VISITS	9	23		922 35	40 10	225	102 48	9 04

HOSPITAL VISITS	9	23		922.3	5	40.10	.225		102.48		9.04	
CRITICAL CARE	0	0		.0	0	.00	.000		.00		.00	
SNF/ICF/TRANS IP CARE	0	0		.0	0	.00	.000		.00		.00	
OPHTHALMOLOGICAL SERVICES	0	0		.0		.00	.000		.00		.00	
EXAMINATIONS	0	0		.0	0	.00	.000		.00		.00	
SERVICES AND MATERIALS	0	0		.0		.00	.000		.00		.00	
INPATIENT HOSPITAL SURGERY	8	18		6,398.0	8	355.45	.176		799.76		62.73	
PRINCIPAL SURGEON	6	6		5,987.5		997.93	.059		997.93		58.70	
ASSISTANT SURGEON	1	1		186.5		186.50	.010		186.50		1.83	
ANESTHESIOLOGIST	2	11		224.0	0	20.36	.108		112.00		2.20	
OUTPATIENT SURGERY	13	27		2,514.8	0	93.14	.265		193.45		24.65	
PRINCIPAL SURGEON	13	20		2,175.6		108.78	.196		167.36		21.33	
ASSISTANT SURGEON	0	0		.0	0	.00	.000		.00		.00	
ANESTHESIOLOGIST	7	7		339.1	5	48.45	.069		48.45		3.33	
DIALYSIS	0	0		.0	0	.00	.000		.00		.00	
PATHOLOGY	11	28		190.9	9	6.82	.275		17.36		1.87	
RADIOLOGY	20	25		1,334.4	1	53.38	.245		66.72		13.08	
PSYCHIATRY	0	0		.0	0	.00	.000		.00		.00	
IMMUNIZATION AND INJECTION	14	45		507.7	9	11.28	.441		36.27		4.98	
OTHER SERVICES/ALL X-OVERS	8	13		1,051.4	9	80.88	.127		131.44		10.31	
@PHARMACY	23	37	\$	651.7	1 \$	17.61	.363	\$	28.34	\$	6.39	
PRESCRIPTION DRUGS	23	37		651.7	1	17.61	.363		28.34		6.39	
SNF/ICF	0	0		.0	0	.00	.000		.00		.00	
OUTPATIENTS	23	37		651.7	1	17.61	.363		28.34		6.39	
MEDICAL SUPPLIES	0	0		.0	0	.00	.000		.00		.00	
@DENTIST	0	0	\$	.0	0 \$	.00	.000	\$	.00	\$	.00	
VISITS - DIAGNOSTIC	0	0		.0	0	.00	.000		.00		.00	
ORAL SURGERY	0	0		.0		.00	.000		.00		.00	
DRUGS	0	0		.0	0	.00	.000		.00		.00	
ANESTHESIA	0	0		.0		.00	.000		.00		.00	
PERIODONTICS	0	0		.0	0	.00	.000		.00		.00	
ENDODONTICS	0	0		.0		.00	.000		.00		.00	
RESTORATIVE DENTISTRY	0	0		.0		.00	.000		.00		.00	
PROSTHETICS	0	0		.0		.00	.000		.00		.00	
DENTURES, STAYPLATES	0	0		.0		.00	.000		.00		.00	
SPACE MAINTAINERS	0	0		.0		.00	.000		.00		.00	
MAXILLOFACIAL SERVICES	0	0		.0		.00	.000		.00		.00	
FRACTURES, DISLOCATIONS	0	0		.0		.00	.000		.00		.00	
ORTHODONTIC SERVICES	0	0		.0		.00	.000		.00		.00	
ALL OTHER SERVICES	0	0		.0		.00	.000		.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITUR	RES M	ONTH-OF-PAYMENT	REPOR'	FOR JAN 200	4 THRU	DEC	2004	PI	AGE 9,25	
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/0	)5
NEVADA COUNTY	SUMMARY OF SERVICES FOR	MINOR C	CONSE	NT AID CODES AI	D CODE:	S 7M 7P 7R 7N						

NEVADA COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

102 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00	.00
EYE APPLIANCES	0	0	.00		.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
VISITS	0	0	.00		.00	.000		.00	.00
OTHER SERVICES	0	0	.00		.00	.000		.00	.00
@PODIATRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00	.00
SURGERY/ANES.	0	0	.00		.00	.000		.00	.00

----- MONTHLY AVERAGE -----

RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	2 \$	104.99	\$ 52.50	.020	\$ 104.99	\$ 1.03
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00			\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00		•	\$ .00
	52					•	·
@TOTAL HOSPITAL			65,917.74	\$ 137.62			\$ 646.25
HOSP INPATIENT TOTAL	8	47	56,008.33	1191.6		7001.04	549.10
HSC HOSPITALS	0	0	.00	.00		.00	.00
NON-HSC HOSPITAL TOTAL	8	47	56,008.33	1191.6		7001.04	549.10
ACCOMMODATIONS	8	47	17,766.00	378.00		2220.75	174.18
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	47	17,766.00	378.00		2220.75	174.18
ANCILLARIES	8	0	38,242.33	.00		4780.29	374.92
INPATIENT CROSSOVERS	0	0	.00	.00		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00		.00	.00
HOSP OUTPATIENT TOTAL	50	432	9,909.41	22.9		198.19	97.15
	2	2	· · · · · · · · · · · · · · · · · · ·	95.9		95.95	1.88
MEDICAL			191.90				
SURGERY	3	4	137.25	34.3		45.75	1.35
PATHOLOGY	28	87	1,324.06	15.22		47.29	12.98
RADIOLOGY	9	11	1,053.92	95.83		117.10	10.33
ROOM USE	34	70	2,228.66	31.8		65.55	21.85
CROSSOVERS/ALL OTH OUTPTNT	40	258	4,973.62	19.28	3 2.529	124.34	48.76
@COUNTY HOSPITAL TOTAL	2	18 \$	620.03	\$ 34.45	.176	\$ 310.02	\$ 6.08
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00		.00	.00
ACCOMMODATIONS	0	0	.00	.00		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00		.00	.00
	0	0	.00			.00	.00
ALL OTHER ACCOM	0	0		.00			
ANCILLARIES	U	U	.00	.00		.00	.00
INPATIENT CROSSOVERS	Ü	0	.00	.00		.00	.00
ALL OTHER INPATIENT	O	0	.00	.00		.00	.00
CO HOSP OUTPATIENT TOTAL	2	18	620.03	34.4		310.02	6.08
MEDICAL	1	1	128.57	128.5		128.57	1.26
SURGERY	1	2	59.22	29.63	.020	59.22	.58
PATHOLOGY	1	7	142.59	20.3	7 .069	142.59	1.40
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	4	254.65	63.60		254.65	2.50
CROSSOVERS/ALL OTH OUTPTNT	2	4	35.00	8.7		17.50	.34
	MEDI-CAL SERVIC	CES AND EXPENDITURES					PAGE 9,251
MOP024	FEE-FOR-SERVICE		HOWIN OF THIRDNEY	CHIONI FON OF	11 2001 111110	DDC 2001	03/14/05
NEVADA COUNTY		VICES FOR MINOR CON	CENT AID CODES AID	CODEC 7M 7D	7D 7N		03/14/03
NEVADA COUNTI	SUMMAKI OF SERV	TCES FOR MINOR CON	SENI AID CODES AID	CODES /M /F		ONTHLY AVERA	GE
100 BLICIDIES	HOEDO	INTEG OF CEDITOR	EXPENDIBLE	ATTEDACE OF			
102 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		OST UNITS/DAY		COST PER
		OR DAYS OF CARE			DAY PER ELIG		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	50	461 \$		•		\$ 1305.95	•
COMM HOSP INPATIENT TOTAL	8	47	56,008.33	1191.6		7001.04	549.10
HSC HOSPITALS	0	0	.00	.00		.00	.00
NON-HSC HOSPITALS TOTAL	8	47	56,008.33	1191.6		7001.04	549.10
ACCOMMODATIONS	8	47	17,766.00	378.00	.461	2220.75	174.18
ADMINISTRATIVE DAYS	0	0	.00	.00		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00		.00	.00
- <del>-</del>	-	-		• •		· · · ·	

ALL OTHER ACCOM	8	47		17,766.00		378.00	.461		2220.75		174.18
ANCILLARIES	8	0		38,242.33		.00	.000		4780.29		374.92
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	48	414		9,289.38			4.059		193.53		91.07
MEDICAL	1	1		63.33		63.33	.010		63.33		.62
SURGERY	2	2		78.03		39.02	.020		39.02		.77
PATHOLOGY	27	80		1,181.47		14.77	.784		43.76		11.58
RADIOLOGY	9	11		1,053.92		95.81	.108		117.10		10.33
ROOM USE	33	66		1,974.01		29.91	.647		59.82		19.35
CROSSOVERS/ALL OTH OUTPINT	38	254		4,938.62		19.44	2.490		129.96		48.42
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	18	36	\$	415.10	\$	11.53	.353	\$	23.06	\$	4.07
PATHOLOGY	18	36		415.10		11.53	.353		23.06		4.07
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	15	67	\$	2,766.88	\$	41.30	.657	\$	184.46	\$	27.13
CLINIC	15	67		2,766.88		41.30	.657		184.46		27.13
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDIT	URES M	MONTH-OF-PAYMENT R	REPORT :	FOR JAN 2004		DEC	2004	PAG	
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR	MINOR	CONSE	ENT AID CODES AID	CODES	7M 7P 7R 7N					
								4037m		~=	

----- MONTHLY AVERAGE -----102 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 420.00 \$ 105.00 .039 \$ 105.00 \$ @ALL OTHER PROVIDERS 4 4 \$ 4.12 DURABLE MED. EQUIP. .00 .00 .000 .00 .00 .00 BLOOD BANK 0 0 .00 .000 .00 HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 .000 .00 OTHER TRANS .00 .00 .000 .00 .00 .00 .00 OTHER SERVICES .00 .000 .00 ACUPUNCTURE 0 0 .00 .00 .000 .00 .00 .00 0 .00 .00 ADULT DAY HEALTH CARE CTR .000 .00 GENETIC DISEASE TESTING 420.00 105.00 .039 105.00 4.12

0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
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0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
1	1	\$	41.60	\$	41.60	.010	\$	41.60	\$	.41
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
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.00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00</td> <td>0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       &lt;</td> <td>0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00</td> <td>0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00</td>	0       0       .00       .00         0	0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00	0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       <	0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00	0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,253
MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

----- MONTHLY AVERAGE -----945 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1.603 \$ 221.04 \$ 102.92 @TOTAL, ALL PROVIDERS 440 1,515 97,257.94 \$ 64.20 12.77 @PHYSICIANS SERVICES 155 310 12,066.17 \$ 38.92 .328 \$ 77.85 \$ 119 157 50.48 OUTPATIENT VISITS 6,007.41 38.26 .166 73 98 30.74 41.27 OFFICE VISITS 3,012.38 .104 3.19 .00 .00 49.43 .00 HOME VISITS 0 0 .000 .00 .00 50 2,669.23 EMERGENCY ROOM 54 .057 53.38 2.82 .00 0 0 .00 PREVENTIVE CARE .00 .000 .00 OB VISITS/COMPRE PERI 2 252.62 126.31 .002 126.31 .27 73.18 OTHER OUTPATIENT 24.39 .003 24.39 .08 171.46 57.15 .003 57.15 INPATIENT VISITS HOSPITAL VISITS 171.46 57.15 .003 57.15 .18 .00 .00 CRITICAL CARE .00 .000 .00 .00 .00 .000 .00 SNF/ICF/TRANS IP CARE 1 57.79 57.79 .001 57.79 .06 OPHTHALMOLOGICAL SERVICES EXAMINATIONS 57.79 57.79 .001 57.79 .06 .00 SERVICES AND MATERIALS .00 .000 .00 INPATIENT HOSPITAL SURGERY 936.33 156.06 .006 312.11 .99 952.49 476.25 .002 476.25 1.01 PRINCIPAL SURGEON 1CR 162.14CR 162.14 .001CR .00 .17CR ASSISTANT SURGEON ANESTHESIOLOGIST 1 5 145.98 29.20 .005 145.98 .15 OUTPATIENT SURGERY 17 28 1,993.14 71.18 .030 117.24 2.11 15 18 113.55 PRINCIPAL SURGEON 1,703.32 94.63 .019 1.80 0 .00 ASSISTANT SURGEON 0 .00 .000 .00 .00 10 289.82 .31 28.98 .011 144.91 ANESTHESIOLOGIST 0 .00 .00 .000 .00 DIALYSIS 19 32 605.64 PATHOLOGY 18.93 .034 31.88 .64 31 49 1,850.52 37.77 59.69 1.96 RADIOLOGY .052 PSYCHIATRY .00 .00 .000 .00 .00

IMMUNIZATION AND INJECTION	3	7		58.14	8.31	.007	19.38	.06
OTHER SERVICES/ALL X-OVERS	15	27		385.74	14.29	.029	25.72	.41
@PHARMACY	195	394	\$	35,842.35	\$ 90.97	.417 \$	183.81	\$ 37.93
PRESCRIPTION DRUGS	195	389		35,629.75	91.59	.412	182.72	37.70
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	195	389		35,629.75	91.59	.412	182.72	37.70
MEDICAL SUPPLIES	5	5		212.60	42.52	.005	42.52	.22
@DENTIST	28	123	\$	4,391.00	\$ 35.70	.130 \$	156.82	\$ 4.65
VISITS - DIAGNOSTIC	20	77		1,242.00	16.13	.081	62.10	1.31
ORAL SURGERY	1	6		670.00	111.67	.006	670.00	.71
DRUGS	4	4		95.00	23.75	.004	23.75	.10
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	4	10		639.00	63.90	.011	159.75	.68
RESTORATIVE DENTISTRY	10	26		1,745.00	67.12	.028	174.50	1.85
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDI	TURES M	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU DE	C 2004	PAGE 9,254
MOP024	FEE-FOR-SERVICE	/DENTAL						03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR EDWA	RDS CAS	SES IN PA-FAMILIES	AID CODE	38		
						MON	THLY AVERA	GE
945 ELIGIBLES	USERS	UNITS OF SERV	ICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF C	ARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	3	12	\$	223.45	\$ 18.62	.013 \$	74.48	\$ .24
DIAGNOSTIC AND ANC. PROCED	2	3		94.90	31.63	.003	47.45	.10
EYE APPLIANCES	2	9		128.55	14.28	.010	64.28	.14
OTHER OPTOMETRIC SERVICES		_		.00	.00	.000	.00	.00

@CHIROPRACTOR	5	7	\$	117.04	\$ 1	6.72	.007	23.41	\$ .12
VISITS	5	7		117.04	1	6.72	.007	23.41	.12
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	4	4	\$	165.54	\$ 4	11.39	.004		
MEDICINE/INJECTIONS	1	4	7	165.54		11.39	.004	41.39	.18
SURGERY/ANES.	0	0		.00	-	.00	.000	.00	.00
	0	0				.00		.00	.00
RADIO./PATHOLOGY	U	-		.00			.000		
OTHER	0	0	_	.00	_	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000		\$ .00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000		\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000		\$ .00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$	.00	\$	.00	.000	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00	\$ .00
@TOTAL HOSPITAL	93	359	\$	33,734.17	\$ 9	3.97	.380	362.73	\$ 35.70
HOSP INPATIENT TOTAL	4	7		12,699.06		4.15	.007	3174.77	13.44
HSC HOSPITALS	2	3		3,576.01	119	92.00	.003	1788.01	3.78
NON-HSC HOSPITAL TOTAL	2	4		9,123.05		30.76	.004	4561.53	9.65
ACCOMMODATIONS	2	4		1,526.56		31.64	.004	763.28	1.62
ADMINISTRATIVE DAYS	0	0		.00	30	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
	2	0			2.0				
ALL OTHER ACCOM		4		1,526.56	38	31.64	.004	763.28	1.62
ANCILLARIES	2	0		7,596.49		.00	.000	3798.25	8.04
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	90	352		21,035.11		9.76	.372	233.72	22.26
MEDICAL	19	23		9,186.60	39	99.42	.024	483.51	9.72
SURGERY	17	17		503.16	2	29.60	.018	29.60	.53
PATHOLOGY	27	71		898.51	1	2.66	.075	33.28	.95
RADIOLOGY	29	54		3,747.90	6	59.41	.057	129.24	3.97
ROOM USE	69	83		3,410.41		11.09	.088	49.43	3.61
CROSSOVERS/ALL OTH OUTPTNT		104		3,288.53		31.62	.110	86.54	3.48
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000		
CO HOSPITAL INPATIENT TOTAL	•	0	٧	.00	Y	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
	0	0							
NON-HSC HOSPITALS TOTAL	U			.00		.00	.000	.00	.00
ACCOMMODATIONS	U	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	Ö	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00			.000	.00	.00
		0		.00		.00	.000		.00
CROSSOVERS/ALL OTH OUTPTNT	*	•	DEC MA			.00		.00	
			KES MC	NTH-OF-PAYMENT R	FLOKI L	DR JAN 20	JU4 THKU DE	JC 2004	PAGE 9,255
MOP024	FEE-FOR-SERVICE	,	~ ~- ~-						03/14/05
NEVADA COUNTY	SUMMARY OF SERV	LCES FOR EDWARD	S CASE	S IN PA-FAMILIES	A]	D CODE 3			
0.45			_						GE
945 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			JNITS/DAYS		COST PER
		OR DAYS OF CAR					PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	93	359	\$	33 <b>,</b> 734.17	\$ 9	93.97	.380	362.73	\$ 35.70

COMM HOSP INPATIENT TOTAL	4		7		12,699.06		1814.15		007		3174.77		13.44
HSC HOSPITALS	2		3		3,576.01		1192.00		003		1788.01		3.78
NON-HSC HOSPITALS TOTAL	2		4		9,123.05		2280.76		004		4561.53		9.65
ACCOMMODATIONS	2		4		1,526.56		381.64		004		763.28		1.62
ADMINISTRATIVE DAYS	0		0		.00		.00		000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00		000		.00		.00
ALL OTHER ACCOM	2		4		1,526.56		381.64		004		763.28		1.62
ANCILLARIES	2		0		7,596.49		.00		000		3798.25		8.04
INPATIENT CROSSOVERS	0		0		.00		.00		000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00		000		.00		.00
COMM HOSP OUTPATIENT TOTAL	90		352		21,035.11		59.76		372		233.72		22.26
MEDICAL	19		23		9,186.60		399.42		024		483.51		9.72
SURGERY	17		17		503.16		29.60		018		29.60		.53
PATHOLOGY	27		71		898.51		12.66		075		33.28		.95
RADIOLOGY	29		54		3,747.90		69.41		057		129.24		3.97
ROOM USE	69		83		3,410.41		41.09		088		49.43		3.61
CROSSOVERS/ALL OTH OUTPTNT	38		104		3,288.53		31.62		110		86.54		3.48
	0		0	\$	.00	\$	.00		.000	ċ	.00	ċ	.00
@STATE HOSPITAL	0			Ą	.00	Ş				Ą	.00	Ą	
MENTALLY ILL	0		0				.00		000				.00
DEVELOP. DISABLED	•		0		.00		.00		000		.00		.00
@NURSING FACILITY	0		0	\$	.00	\$	.00		000	Ş	.00	Ş	.00
LEV A-INTERMEDIATE	0		0		.00		.00		000		.00		.00
LEV B-REHAB MD	0		0		.00		.00		.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00		.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00		.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00		000		.00		.00
LEV B-REGULAR	0		0		.00		.00		.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$	.00	\$	.00		000	\$	.00	\$	.00
ICF DDH	0		0		.00		.00		000		.00		.00
ICF DD	0		0		.00		.00		000		.00		.00
ICF DDN/DDCN	0		0		.00		.00		000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$	.00	\$	.00		000	\$	.00	\$	.00
HOSPITAL BASED	0		0		.00		.00		000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00		000		.00		.00
@REHABILITATION FACILITY	0		0	\$	.00	\$	.00		000	\$	.00	\$	.00
HOSPITAL BASED	0		0		.00		.00		000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00		000		.00		.00
@LABORATORY FACILITY	12		35	\$	535.18	\$	15.29		037	\$	44.60	\$	.57
PATHOLOGY	12		35		535.18		15.29		037		44.60		.57
XO AND OTHERS	0		0		.00		.00		000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	63		113	\$	8,309.64	\$	73.54		120	Ś	131.90	Ś	8.79
CLINIC	35		78		2,603.63		33.38		083		74.39		2.76
SURGICENTER	0		0		.00		.00		000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00		000		.00		.00
RURAL HEALTH CLINIC	28		35		5 <b>,</b> 706.01		163.03		037		203.79		6.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	EC AND EVDE		ZC MON		Z D∧D∏				DEC		DΛ	GE 9,256
MOP024	FEE-FOR-SERVICE		INDIIOM	10 MOM	III OF FAIRENT NE	TI OIVI	FOR UAN 2	2004 1	. 1110	טייכ	2004	I A	03/14/05
NEVADA COUNTY	SUMMARY OF SERV		ים מאומיי	CACEC	TN DA_EAMTITEC		AID CODE	30					03/14/03
NEVADA COONII	SUMMARI OF SERV	ICES FOR E	CUARNO	CASES	IN PA-LAMILIES		AID CODE		1/		HLY AVERA	CF -	
945 ELIGIBLES	USERS	IINITTO OF C	ED111CE		EXPENDITURES	7/17/27	DACE COCH						OST PER
940 ELIGIBLES	OSEKS	UNITS OF S			EVLENDIIOVES								
ANII OTHER DROWINERS	<i>1</i> 1	OR DAYS O		\$	1,873.40		. UNIT/DAY				USER 45.69		LIGIBLE 1 00
@ALL OTHER PROVIDERS	41			Y	•	\$	11.86		167	Ą		Ą	1.98
DURABLE MED. EQUIP.	1		1 0		99.00		99.00		001		99.00		.10
BLOOD BANK	0		-		.00		.00		000		.00		.00
HEARING AID DISPENSERS	0		0		.00		.00		.000		.00		.00
MEDICAL TRANSPORTATION	3		5		270.39		54.08	•	005		90.13		.29

AMBULANCES/AIR TRANS	3	5	270.39	ļ	54.08	.005	90.13	.29
OTHER TRANS	0	0	.00		.00	.000	.00	.00
OTHER SERVICES	0	0	.00		.00	.000	.00	.00
ACUPUNCTURE	0	0	.00		.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00		.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00	.00
OPTICIAN	3	5	41.60		8.32	.005	13.87	.04
PHYSICAL THERAPIST	0	0	.00		.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	99.66	1	99.66	.001	99.66	.11
PROSTHETICS	1	1	99.66		99.66	.001	99.66	.11
ORTHOTICS	0	0	.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00		.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	33	146	1,362.75		9.33	.154	41.30	1.44
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$	.00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$	.00	.000	\$ .00	\$ .00

<sup>0\*</sup> Totals in these lines are given as a separate information item only;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,257
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

			MONTHLY AVERAGE				4GE		
102 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	53	174	\$	17,163.61	\$ 98.64	1.706	\$ 323.84	\$	168.27
@PHYSICIANS SERVICES	13	30	\$	1,205.77	\$ 40.19	.294	\$ 92.75	\$	11.82
OUTPATIENT VISITS	7	9		437.50	48.61	.088	62.50		4.29
OFFICE VISITS	3	3		122.40	40.80	.029	40.80		1.20
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	5	6		315.10	52.52	.059	63.02		3.09
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	1	2		83.57	41.79	.020	83.57		.82
HOSPITAL VISITS	1	2		83.57	41.79	.020	83.57		.82
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	1	4		94.01	23.50	.039	94.01		.92
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	1	4		94.01	23.50	.039	94.01		.92
OUTPATIENT SURGERY	2	2		162.04	81.02	.020	81.02		1.59
PRINCIPAL SURGEON	2	2		162.04	81.02	.020	81.02		1.59

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	4		120.50		30.13	.039		120.50		1.18
RADIOLOGY	4	4		171.57		42.89	.039		42.89		1.68
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1	5		136.58		27.32	.049		136.58		1.34
@PHARMACY	47	67	\$	4,970.40	\$	74.19	.657	\$	105.75	\$	48.73
PRESCRIPTION DRUGS	47	67		4,970.40		74.19	.657		105.75		48.73
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	47	67		4,970.40		74.19	.657		105.75		48.73
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDIT	JRES MONTH-	-OF-PAYMENT RE	EPOR	r for Jan 2004	THRU	DEC	2004	PAG	E 9,258
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR	SSI A	PPEAL/NLDC	IN PA-DISABLE	ED A	ID CODES 6N 6E					

NEVADA COUNTI	SUMMANI OF SERV	LICES FOR SSI I	7 L L L L L	L/NEDC IN FA DISADE.	א עם	TD CODES 01					
							MC	ГИC	THLY AVERA	.GE	
102 ELIGIBLES	USERS	UNITS OF SERV	ICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CA	ARE		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	10	65	\$	10,752.17	\$	165.42	.637	\$	1075.22	\$	105.41
HOSP INPATIENT TOTAL	2	7		9,052.14		1293.16	.069		4526.07		88.75
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	2	7		9,052.14		1293.16	.069		4526.07		88.75
ACCOMMODATIONS	2	7		3,323.82		474.83	.069		1661.91		32.59

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	2	7		3,323.82	474.83	.069	1661.91		32.59
ANCILLARIES	2	0		5,728.32	.00	.000	2864.16	1	56.16
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	10	58		1,700.03	29.31	.569	170.00		16.67
MEDICAL	2	2		81.23	40.62	.020	40.62		.80
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	6	11		172.07	15.64	.108	28.68		1.69
RADIOLOGY	1	1		27.91	27.91	.010	27.91		.27
ROOM USE	7	21		722.12	34.39	.206	103.16		7.08
CROSSOVERS/ALL OTH OUTPINT	7	23		696.70	30.29	.225	99.53		6.83
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURE	S MONTH-C	F-PAYMENT RE	PORT FOR JAN	2004 THRU	DEC 2004	PAGE	9,259

MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P 03/14/05

			,				M	ONT	HLY AVERA	GE -	
102 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE	COST	UNITS/DAY				OST PER
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL		OR DAYS OF CARE			PER UNIT	/DAY	PER ELIG	;	USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	10	65	\$	10,752.17	\$ 165.	42	.637	\$	1075.22	\$	105.41
COMM HOSP INPATIENT TOTAL	2	7		9,052.14	1293.	16	.637 .069 .000 .069 .000 .000 .000 .000 .000		4526.07		88.75
HSC HOSPITALS		0		.00		0.0	.000		.00		.00
	2	7		9.052.14	1293.	16	.069		4526.07		88.75
ACCOMMODATIONS	2	0 7 7 0 0 7 0 0 0 58 2		.00 9,052.14 3,323.82	474	83	069		1661.91		32.59
ADMINISTRATIVE DAYS	0	ń		.00	1,1.	00	000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	474.	00	000		.00		.00
ALL OTHER ACCOM	2	7		3,323.82	171	00	.000		1661.91		32.59
	2	,		5,728.32	4/4.	0.0	.009				56.16
ANCILLARIES	0 0 10	0		3,720.32	•	0.0	.000		2864.16		
INPATIENT CROSSOVERS	0	0		.00	•	0.0	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00	•	00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	10	58		1,700.03	29.	31	.569		170.00 40.62		16.67
MEDICAL	2	2		81.23	40.	62	.020		40.62		.80
SURGERY	0	0		.00		00	.000		.00		.00
PATHOLOGY	6	11		172.07	15.	64	.108		28.68		1.69
RADIOLOGY	1	1		27.91	27.	91	.010		.00 28.68 27.91 103.16		.27
ROOM USE	7	21		722.12	34.	39	.206		103.16		7.08
CROSSOVERS/ALL OTH OUTPTNT	7 7 0 0 0 0	2 0 11 1 21 23		696.70	30.	29	.225		99.53		6.83
@STATE HOSPITAL	0	0	\$	.00	\$.	00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00	_	00	.000		.00		.00
@NURSING FACILITY	0	0	Ś	.00		00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0	0	т	.00		00	.000			Τ	.00
LEV B-REHAB MD	0	0		.00		00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		00	.000		.00		.00
	0	0		.00		00	.000				.00
LEV B-SUBACUTE HSPTL BASED	•	· ·							.00		
LEV B-TRANSITIONAL IP CARE	0	0		.00		00	.000		.00		.00
LEV B-REGULAR	0	0	_	.00		00	.000	_	.00	_	.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00		00	.000	Ş	.00	Ş	.00
ICF DDH	0	0		.00	•	00	.000		.00		.00
ICF DD	0	0		.00		00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.	00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.	00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	22.40	\$ 22.	40	.010	Ś		Ś	.22
PATHOLOGY	1	1		22.40	22.		.010				.22
XO AND OTHERS	0	0		.00			.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2	2	Ś	59.42	\$ 29.		.020	Ś		Ġ	.58
CLINIC CLINIC	2	2	Y	59.42	29.		.020	Y	29.71	Y	.58
SURGICENTER	0 0 1 1 0 2 2 0	1 0 2 2 0		.00	29.		.020		.00		.00
	0	0		.00		00	.000		.00		.00
HEROIN DETOX CLINIC	-	· ·									
RURAL HEALTH CLINIC	0	0	-a	.00		00	.000		.00		.00
		CES AND EXPENDITUR	ES M	ION'I'H-OF'-PAYMENT RI	EPORT FOR	JAN .	∠UU4 THRÜ	DEC	2004		
MOP024	FEE-FOR-SERVIC										03/14/05
NEVADA COUNTY	SUMMARY OF SER	VICES FOR SSI APP	EAL/	NLDC IN PA-DISABLE	ED AID COD	ES 6					
							M				
100 DITCIDIDO	TIGERO	INITEG OF CERTIFOR									

102 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

	C	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2	9 \$	153.45	\$ 17.05	.088 \$	76.73 \$	1.50
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	8	143.05	17.88	.078	143.05	1.40
AMBULANCES/AIR TRANS	1	8	143.05	17.88	.078	143.05	1.40
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1	10.40	10.40	.010	10.40	.10
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
A* MOMAIC IN MURCE IINEC ADE CIVE	M AC A CEDADAME	TNICODMARION TREM ONLY.					

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,261 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 NEVADA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

NEVIDII COONTI	DOLLINICI OI DIIC	TCHO TOIL	CIGITO C	7710110	11000 111 111 11000		TITD CODI					
								MO	TNC	HLY AVERA	GE.	
76 ELIGIBLES	USERS	UNITS OF	SERVICE	3	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS	OF CARE	3		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	50		638	\$	63,410.50	\$	99.39	8.395	\$	1268.21	\$	834.35
@PHYSICIANS SERVICES	8		11	\$	207.37	\$	18.85	.145	\$	25.92	\$	2.73
OUTPATIENT VISITS	0		0		.00		.00	.000		.00		.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0		0		. (	0 0		.00	.000	.0	)	.00
PRINCIPAL SURGEON	0		0		. (	0.0		.00	.000	.0	)	.00
ASSISTANT SURGEON	0		0		. (	0 0		.00	.000	.0	)	.00
ANESTHESIOLOGIST	0		0		. (	0 0		.00	.000	.0	)	.00
OUTPATIENT SURGERY	0		0		. (	0 0		.00	.000	.0	)	.00
PRINCIPAL SURGEON	0		0		. (	0 0		.00	.000	.0	)	.00
ASSISTANT SURGEON	0		0		.0	0 0		.00	.000	.0	)	.00
ANESTHESIOLOGIST	0		0		.0	0.0		.00	.000	.0	)	.00
DIALYSIS	0		0		.0	0.0		.00	.000	.0	)	.00
PATHOLOGY	0		0		. (	0.0		.00	.000	.0	)	.00
RADIOLOGY	0		0		. (	0.0		.00	.000	.0	)	.00
PSYCHIATRY	0		0		.0	0 0		.00	.000	.0	)	.00
IMMUNIZATION AND INJECTION	0		0		. (	0.0		.00	.000	.0	)	.00
OTHER SERVICES/ALL X-OVERS	8		11		207.3	37		18.85	.145	25.9	2	2.73
@PHARMACY	35		186	\$	12,796.2	23	\$	68.80	2.447	\$ 365.6	1 \$	168.37
PRESCRIPTION DRUGS	35		186		12,796.2			68.80	2.447	365.6	1	168.37
SNF/ICF	14		115		8,332.8	39		72.46	1.513	595.2	1	109.64
OUTPATIENTS	21		71		4,463.3			62.86	.934	212.5	4	58.73
MEDICAL SUPPLIES	0		0		•	0.0		.00	.000	.0		.00
@DENTIST	1		1	\$	25.0	0 0	\$	25.00	.013	\$ 25.0	) \$	.33
VISITS - DIAGNOSTIC	1		1		25.0	0.0		25.00	.013	25.0		.33
ORAL SURGERY	0		0		.0	0 0		.00	.000	.0	)	.00
DRUGS	0		0		. (	0.0		.00	.000	.0	)	.00
ANESTHESIA	0		0		. (	0.0		.00	.000	.0	)	.00
PERIODONTICS	0		0		.0	0 0		.00	.000	.0	)	.00
ENDODONTICS	0		0		. (	0.0		.00	.000	.0	)	.00
RESTORATIVE DENTISTRY	0		0		.0	0 0		.00	.000	.0	)	.00
PROSTHETICS	0		0		. (	0.0		.00	.000	.0	)	.00
DENTURES, STAYPLATES	0		0		.0	0 0		.00	.000	.0	)	.00
SPACE MAINTAINERS	0		0		. (	0.0		.00	.000	.0	)	.00
MAXILLOFACIAL SERVICES	0		0		. (	0.0		.00	.000	.0	)	.00
FRACTURES, DISLOCATIONS	0		0		. (	0.0		.00	.000	.0	)	.00
ORTHODONTIC SERVICES	0		0		. (	00		.00	.000	.0	)	.00
ALL OTHER SERVICES	0		0		.0	0 0		.00	.000	.0	)	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EX	PENDITU:	RES MO	NTH-OF-PAYMENT	r re	PORT	FOR JAN 2	2004 THRU D	EC 2004		PAGE 9,262
MOP024	FEE-FOR-SERVICE	/DENTAL										03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR	CRAIG	CASES-	AGED IN PA-AG	GED		AID CODE	E 1E			
				-					MO	NTHLY AVE	RAGE	
76 ELIGIBLES	USERS	UNITS OF	SERVIC	E	EXPENDITURE	ΞS	AVER	AGE COST	UNITS/DAYS	COST PE	3	COST PER
	_	OR DAVS							DER ELIC			FITCIBLE

						O - 1 -			
USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
	OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
2	2	\$ 11.64	\$	5.82	.026	\$	5.82	\$	.15
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
2	2	11.64		5.82	.026		5.82		.15
0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
	USERS  0 0 0 0 0 0 0 2 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE  0	OR DAYS OF CARE  0 0 \$ .00 0 0 .00 0 0 .00 0 0 .00 0 0 \$ .00 0 0 \$ .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 0	OR DAYS OF CARE  O	OR DAYS OF CARE  0	OR DAYS OF CARE  OR DAY	OR DAYS OF CARE  O	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           0         0         \$         .00         \$         .00	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           0         0         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         .0

FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@TOTAL HOSPITAL	3	41 \$	624.62	\$ 15.23	.539 \$	208.21	\$ 8.22
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	Û	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	Û	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0					
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	U	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	41	624.62	15.23	.539	208.21	8.22
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	U	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	Ü	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	41	624.62	15.23	.539	208.21	8.22
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		•
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES N	MONTH-OF-PAYMENT RE	PORT FOR JAN 2	2004 THRU DE		PAGE 9,263
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FO		S- AGED IN PA-AGED	AID CODE	E 1E		
					MON	THLY AVERAG	GE
76 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DA	YS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	41 \$	624.62	\$ 15.23	.539 \$	208.21	\$ 8.22
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	41	624.62	15.23	.539	208.21	8.22
MEDICAL	0	0	.00	.00	.000	.00	.00
HEDI CAH	O	U	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	3	41	624.62	15.23	.539	208.21	8.22
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	16	387	\$ 49,491.55	\$ 127.89	5.092	\$ 3093.22	\$ 651.20
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	16	387	49,491.55	127.89	5.092	3093.22	651.20
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

03/14/05

FEE-FOR-SERVICE/DENTAL NEVADA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

NEVADA COUNTI	DOMINANT OF DERVICE	D FOR CRAIG CADED	AGED IN IA AGED	AID CODI	1 11		
					MON	THLY AVERAC	E
76 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	0	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	5	10 \$	254.09	\$ 25.41	.132 \$	50.82	\$ 3.34
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	5	2.57	.51	.066	1.29	.03
PROSTHETIST/ORTHOTISTS	1	1	8.65	8.65	.013	8.65	.11
PROSTHETICS	1	1	8.65	8.65	.013	8.65	.11
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	2	227.24	113.62	.026	227.24	2.99
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	2	15.63	7.82	.026	15.63	.21
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	20	62 \$	1,252.31	\$ 20.20	.816 \$	62.62	\$ 16.48
0* TOTALS IN THESE LINES ARE G	GIVEN AS A SEPARATE	INFORMATION ITEM C	NLY;				

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,265 03/14/05 MOP024 FEE-FOR-SERVICE/DENTAL NEVADA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

						MON	ITHLY AVERA	GE
23 ELIGIBLES	USERS	UNITS OF SERVICE	<u>C</u>	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	19	249	\$	19,594.05	\$ 78.69	10.826	1031.27	\$ 851.92
@PHYSICIANS SERVICES	6	9	\$	244.90	\$ 27.21	.391	40.82	\$ 10.65
OUTPATIENT VISITS	3	4		119.54	29.89	.174	39.85	5.20
OFFICE VISITS	1	1		26.18	26.18	.043	26.18	1.14
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	2	3		93.36	31.12	.130	46.68	4.06
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOSPITAL VISITS	0	0	.00		.00	.000	.0	0	.00
CRITICAL CARE	0	0	.00		.00	.000	.0	0	.00
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.000	.0	0	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00		.00	.000	.0	0	.00
EXAMINATIONS	0	0	.00		.00	.000	.0	0	.00
SERVICES AND MATERIALS	0	0	.00		.00	.000	.0		.00
INPATIENT HOSPITAL SURGERY	0	0	.00		.00	.000	.0		.00
	0	0	.00		.00	.000	.0		.00
PRINCIPAL SURGEON	0	0							.00
ASSISTANT SURGEON	0		.00		.00	.000	.0		
ANESTHESIOLOGIST	0	0	.00		.00	.000	.0		.00
OUTPATIENT SURGERY	Ü	Ü	.00		.00	.000	.0		.00
PRINCIPAL SURGEON	0	0	.00		.00	.000	.0		.00
ASSISTANT SURGEON	0	0	.00		.00	.000	.0	0	.00
ANESTHESIOLOGIST	0	0	.00		.00	.000	.0	0	.00
DIALYSIS	0	0	.00		.00	.000	.0	0	.00
PATHOLOGY	1	1	8.22	8	3.22	.043	8.2	2	.36
RADIOLOGY	1	1	82.49	82	2.49	.043	82.4	9	3.59
PSYCHIATRY	0	0	.00		.00	.000	.0		.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000	.0		.00
OTHER SERVICES/ALL X-OVERS	2	3	34.65	1.1	L.55	.130	17.3		1.51
@PHARMACY	٥	40 \$	1,688.79		2.22	1.739			
-	9	40 Ş 40	•				187.6		
PRESCRIPTION DRUGS	9		1,688.79		2.22	1.739			73.43
SNF/ICF	3	25	1,325.35		3.01	1.087	441.7		57.62
OUTPATIENTS	6	15	363.44	24	1.23	.652	60.5		15.80
MEDICAL SUPPLIES	0	0	.00		.00	.000	.0		.00
@DENTIST	0	0 \$	.00	\$	.00	.000		0 \$	
VISITS - DIAGNOSTIC	0	0	.00		.00	.000	.0		.00
ORAL SURGERY	0	0	.00		.00	.000	.0	0	.00
DRUGS	0	0	.00		.00	.000	.0	0	.00
ANESTHESIA	0	0	.00		.00	.000	.0	0	.00
PERIODONTICS	0	0	.00		.00	.000	.0	0	.00
ENDODONTICS	0	0	.00		.00	.000	.0		.00
RESTORATIVE DENTISTRY	0	0	.00		.00	.000	.0		.00
PROSTHETICS	0	0	.00		.00	.000	.0		.00
DENTURES, STAYPLATES	0	0	.00		.00	.000	.0		.00
SPACE MAINTAINERS	0	0	.00		.00	.000	.0		.00
	0	0							
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000	.0		.00
FRACTURES, DISLOCATIONS	U	U	.00		.00	.000	.0		.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000	. 0		.00
ALL OTHER SERVICES	0	0	.00		.00	.000	.0		.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MO	NTH-OF-PAYMENT R	EPORT FOR	R JAN 2	004 THRU	DEC 2004		PAGE 9,266
MOP024	FEE-FOR-SERVICE/								03/14/05
NEVADA COUNTY	SUMMARY OF SERVI	CES FOR CRAIG CASES-	BLIND IN PA-BLI	ND A	[D CODE	2E			
						M	ONTHLY AVE	RAGE	
23 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE	E COST	UNITS/DAY	S COST PE	R	COST PER
		OR DAYS OF CARE		PER UNI	T/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$	.00	.000	\$ .0	0 \$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	•	.00	.000	.0		.00
EYE APPLIANCES	0	0	.00		.00	.000	.0		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000	.0		.00
@CHIROPRACTOR	0	0 \$	.00	\$	.00	.000			.00
VISITS	0	0	.00	Y	.00	.000	.0		.00
	0	0	.00			.000	.0		.00
OTHER SERVICES	1			ė r	.00				
@PODIATRIST	<del>=</del>	= '	5.82	\$ 5	5.82	.043		2 \$	
MEDICINE/INJECTIONS	0	0	.00		.00	.000	.0		.00
SURGERY/ANES.	0	0	.00		.00	.000	.0	U	.00

RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	5.82	5.82	.043	5.82	.25
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000	.00	\$ .00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000	.00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000		\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000		
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000		
@TOTAL HOSPITAL	5	9 \$	1,300.55	\$ 144.51	.391		
HOSP INPATIENT TOTAL	1	0	876.00	.00	.000	876.00	38.09
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00		.00	.00
	1	0			.000		.00
INPATIENT CROSSOVERS	0	0	876.00	.00	.000	876.00	38.09
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	9	424.55	47.17	.391	106.14	18.46
MEDICAL	U	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	4	61.67	15.42	.174	30.84	2.68
RADIOLOGY	1	1	275.25	275.25	.043	275.25	11.97
ROOM USE	1	1	34.21	34.21	.043	34.21	1.49
CROSSOVERS/ALL OTH OUTPTNT	2	3	53.42	17.81	.130	26.71	2.32
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000		•
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN	I 2004 THRU DE	EC 2004	PAGE 9,267
MOP024	FEE-FOR-SERVICE						03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR CRAIG CASES	- BLIND IN PA-BLIN	ND AID CO	DE 2E		
					MON	ITHLY AVERA	GE
23 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS	ST UNITS/DAYS		COST PER
		OR DAYS OF CARE			AY PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	9 \$	1,300.55	\$ 144.51	.391		
COMM HOSP INPATIENT TOTAL	1	0	876.00	.00	.000	876.00	38.09
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	Ö	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	Õ	0	.00	.00	.000	.00	.00
TIGHTO TITOTHEM TO OTHER	· ·	Ŭ	• 0 0	• 5 0	• 0 0 0	• • • •	• • • •

ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	0		876.00		.00	.000		876.00		38.09
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	4	9		424.55		47.17	.391		106.14		18.46
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	4		61.67		15.42	.174		30.84		2.68
RADIOLOGY	1	1		275.25		275.25	.043		275.25		11.97
ROOM USE	1	1		34.21		34.21	.043		34.21		1.49
CROSSOVERS/ALL OTH OUTPTNT	2	3		53.42		17.81	.130		26.71		2.32
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	5	134	\$	16,035.48	\$	119.67	5.826	\$	3207.10	\$	697.19
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	5	134		16,035.48		119.67	5.826		3207.10		697.19
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	3	\$	.45	\$	.15	.130	\$	.45	\$	.02
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	1	3	_	.45	_	.15	.130	_	.45	_	.02
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	Ş	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	550	.00		.00
#CALIF DEPT OF HEALTH SERV			URES MC	ONTH-OF-PAYMENT R	KEPORT	FOR JAN	2004 THRU	DEC	2004	PA	AGE 9,268
MOP024	FEE-FOR-SERVICE		CACEC	דות גת ואד מאדות	· NID	3 TD (COD)	E 0E				03/14/05
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR CRAIG	CASES-	- BLIND IN PA-BLI	.ND	AID COD		ONTH!		CE	
22 ELICIDIES	HCEDC	INTEC OF CEDIA	CF.	EADENDIMIDEC	7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7	DACE COCE	M				COCH DED
23 ELIGIBLES	USERS	UNITS OF SERVI OR DAYS OF CA		EXPENDITURES			UNITS/DAY PER ELIG		USER		COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	OR DAIS OF CA		318.06		6.00	2.304		159.03		13.83
-	2	0	\$	.00	\$		.000			ş	.00
DURABLE MED. EQUIP.	0	0									
BLOOD BANK HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
CHILLIO DICHON INCITING	O	O		.00		• 0 0	.000		.00		• • • •

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	53	318.06	6.00	2.304	159.03	13.83
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	2	2 \$	357.74	\$ 178.87	.087	\$ 178.87	\$ 15.55
@XOVER EXCLUDING STATE HOSP**	6	9 \$	983.77	\$ 109.31	.391	\$ 163.96	\$ 42.77

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,269
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

----- MONTHLY AVERAGE -----389 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 333 4,314 \$ 139,385.69 \$ 32.31 11.090 \$ 418.58 \$ 358.32 @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES 82 177 7,884.07 \$ 44.54 .455 \$ 96.15 \$ 20.27 45 44.90 OUTPATIENT VISITS 39 1,751.20 38.92 .116 4.50 27 30 975.39 32.51 .077 36.13 2.51 OFFICE VISITS

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	6	6		358.36		59.73	.015		59.73		.92
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	8	9		417.45		46.38	.023		52.18		1.07
INPATIENT VISITS	4	17		854.65		50.27	.044		213.66		2.20
HOSPITAL VISITS	4	17		854.65		50.27	.044		213.66		2.20
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	2	2		92.88		46.44	.005		46.44		.24
EXAMINATIONS	2	2		92.88		46.44	.005		46.44		.24
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	3		2,100.88		700.29	.008		2100.88		5.40
PRINCIPAL SURGEON	1	3		2,100.88		700.29	.008		2100.88		5.40
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	2	5		126.16		25.23	.013		63.08		.32
PRINCIPAL SURGEON	1	1		36.63		36.63	.003		36.63		.09
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	4		89.53		22.38	.010		89.53		.23
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	5		124.34		24.87	.013		62.17		.32
RADIOLOGY	1.4	28		1,202.20		42.94	.072		85.87		3.09
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	ĺ	6		5.95		.99	.015		5.95		.02
OTHER SERVICES/ALL X-OVERS	36	66		1,625.81		24.63	.170		45.16		4.18
@PHARMACY	221	2,615	\$	67,581.43	\$	25.84	6.722	Ś	305.80	Ś	173.73
PRESCRIPTION DRUGS	213	749	·	65,987.26	·	88.10	1.925		309.80		169.63
SNF/ICF	10	48		1,912.16		39.84	.123		191.22		4.92
OUTPATIENTS	203	701		64,075.10		91.41	1.802		315.64		164.72
MEDICAL SUPPLIES	15	1,866		1,594.17		.85	4.797		106.28		4.10
@DENTIST	12	36	\$	2,867.00	\$	79.64	.093	Ś	238.92	Ś	7.37
VISITS - DIAGNOSTIC	7	23		525.00	'	22.83	.059		75.00		1.35
ORAL SURGERY	1	2		170.00		85.00	.005		170.00		. 44
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		118.00		118.00	.003		118.00		.30
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	2	5		254.00		50.80	.013		127.00		.65
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	4		1,800.00		450.00	.010		900.00		4.63
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	1		.00		.00	.003		.00		.00
#CALIF DEPT OF HEALTH SERV			RES MO		EPORT			DEC		P.	
	FEE-FOR-SERVICE										03/14/05
NEVADA COUNTY			CASES-	DISABLED IN PA-	DISABI	ED AID C	ODE 6E				
112111211 0001111	001111111111111111111111111111111111111	1020 1010 011110	,,,,,,,,,,	210112222 11, 111	2101121	0	M	ONTE	HLY AVERA	GE ·	
389 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVEF	AGE COST					
		OR DAYS OF CARE					PER ELIG				ELIGIBLE
@OPTOMETRIST	3	13		291.42					97.14		
DIAGNOSTIC AND ANC. PROCED	3	4	•	142.35		35.59			47.45		.37
EYE APPLIANCES	3	9		149.07		16.56			49.69		.38
OTHER OPTOMETRIC SERVICES	0	0		.00		.00			.00		.00

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
VISITS	0	Ö	т	.00	т	.00	.000	т	.00	Τ	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	2	18	\$	60.96	\$	3.39	.046	Ś	30.48	Ś	.16
MEDICINE/INJECTIONS	0	0	۲	.00	Ψ.	.00	.000	Ψ	.00	Υ	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
	2	18		60.96		3.39	.046		30.48		
OTHER	3	5	ċ	440.86	ċ	88.17		ċ	146.95	ċ	.16
@HOME HEALTH AGENCY	0	0	\$		\$		.013				1.13
NURSE ANESTHESIST	0	0	\$	.00	\$	.00		\$	.00		.00
NURSE MIDWIFE	-	0	\$	.00	\$	.00	.000	\$	.00		.00
PEDIATRIC NURSE PRACTITIONER		_	\$	.00	\$	.00	.000	\$	.00		.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00		.00
@TOTAL HOSPITAL	65	293	\$	24,434.73	Ş	83.39	.753	Ş	375.92	Ş	62.81
HOSP INPATIENT TOTAL	6	9		18,414.30		2046.03	.023		3069.05		47.34
HSC HOSPITALS	2	9		15,018.00		1668.67	.023		7509.00		38.61
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	4	0		3,396.30		.00	.000		849.08		8.73
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	60	284		6,020.43		21.20	.730		100.34		15.48
MEDICAL	5	9		522.70		58.08	.023		104.54		1.34
SURGERY	2	3		103.96		34.65	.008		51.98		.27
PATHOLOGY	24	91		974.68		10.71	.234		40.61		2.51
RADIOLOGY	10	14		1,026.50		73.32	.036		102.65		2.64
ROOM USE	20	26		979.88		37.69	.067		48.99		2.52
CROSSOVERS/ALL OTH OUTPTNT	26	141		2,412.71		17.11	.362		92.80		6.20
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	ZG MC		FDOD					D7	AGE 9,271
MOP024	FEE-FOR-SERVIC		10 110	JNIII OF TATMENT IN	DI 010	I FOR OAN	2004 111110	טאכ	2004	1.7	03/14/05
NEVADA COUNTY		VICES FOR CRAIG C	\	- DISABLED IN DA-	עטעע	מובח אום כי	ODE 6E				03/14/03
MEANDY COOMIT	SOUTHWILL OF SEK	ATCED FOR CVATA C	-010r	TIN PA-	ртон	א מדא מהחרי	ODE 6E	חוא⊝ו	מוע אוובייא	CF	
389 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7\ \ 7					-	COST PER
203 RTIGIDIES	CALCO	OR DAYS OF CARE		PVERMATIANPS		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	65	OR DAIS OF CARE	\$	24,434.73			.753				62.81
GCOMMONITI MOSFITAL TOTAL	0.3	233	٧	24,434./3	۲	03.33	. 133	٧	313.32	۲	02.01

COMM HOSP INPATIENT TOTAL	6	9		18,414.30		2046.03	.023		3069.05		47.34
HSC HOSPITALS	2	9		15,018.00		1668.67	.023		7509.00		38.61
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
	0	0									
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	4	•		3,396.30		.00	.000		849.08		8.73
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	60	284		6,020.43		21.20	.730		100.34		15.48
MEDICAL	5	9		522.70		58.08	.023		104.54		1.34
SURGERY	2	3		103.96		34.65	.008		51.98		.27
PATHOLOGY	24	91		974.68		10.71	.234		40.61		2.51
RADIOLOGY	10	14		1,026.50		73.32	.036		102.65		2.64
ROOM USE	20	26		979.88		37.69	.067		48.99		2.52
CROSSOVERS/ALL OTH OUTPINT	26	141		2,412.71		17.11	.362		92.80		6.20
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0	т	.00	Ψ.	.00	.000	т	.00	Τ.	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	9	220	ċ		Ċ	124.88	.566	Ċ		ċ	
•	-		\$	27,473.48	\$			\$	3052.61	\$	70.63
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	9	220		27,473.48		124.88	.566		3052.61		70.63
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	т	.00	Τ	.00	.000	т	.00	Τ.	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	2	\$	28.05	\$	14.03	.005	\$	28.05	\$	.07
HOSPITAL BASED	1	0	۲	.00	۲	.00	.000	Ą	.00	ې	.00
	1	•									
INDEPENDENT FACILITY	1	2	<u>^</u>	28.05	<u> </u>	14.03	.005	<u>^</u>	28.05	<u> </u>	.07
@LABORATORY FACILITY	6	19	\$	304.64	\$	16.03	.049	\$	50.77	\$	.78
PATHOLOGY	6	19		304.64		16.03	.049		50.77		.78
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	18	28	\$	2,371.92	\$	84.71	.072	\$	131.77	\$	6.10
CLINIC	4	9		193.51		21.50	.023		48.38		.50
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	14	19		2,178.41		114.65	.049		155.60		5.60
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDIT	URES M	IONTH-OF-PAYMENT R	EPOR	r for Jan :	2004 THRU	DEC	2004	P.	AGE 9,272
MOP024	FEE-FOR-SERVICE	C/DENTAL									03/14/05
NEVADA COUNTY			CASES	- DISABLED IN PA-	DISA	BLED AID CO	ODE 6E				
							M	ОИТ	HLY AVERA	GE	
389 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVI	ERAGE COST					COST PER
303 EETGIBEE	OBERS	OR DAYS OF CAL					PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	33		\$	5,647.13	\$	6.36			171.13		14.52
DURABLE MED. EQUIP.	1	75	Y	2,076.00	Y	27.68	.193	Y	2076.00	Y	5.34
~	0	0		•		.00	.193		.00		.00
BLOOD BANK	•			.00							
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	5	70		560.32		8.00	.180		112.06		1.44

AMBULANCES/AIR TRANS	2	17	404.30	23.7	8 .044	202.15	1.04
OTHER TRANS	2	48	127.78	2.6	6 .123	63.89	.33
OTHER SERVICES	1	5	28.24	5.6	5 .013	28.24	.07
ACUPUNCTURE	0	0	.00	.0	0 .000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.0	0 .000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.0	0 .000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	1	2	399.45	199.7	3 .005	399.45	1.03
OCCUPATIONAL THERAPIST	0	0	.00	.0	0 .000	.00	.00
OPTICIAN	6	14	162.34	11.6	0 .036	27.06	.42
PHYSICAL THERAPIST	1	12	24.62	2.0	5 .031	24.62	.06
PORTABLE X-RAY	0	0	.00	.0	0 .000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	15.00	15.0	0 .003	15.00	.04
PROSTHETICS	1	1	15.00	15.0	0 .003	15.00	.04
ORTHOTICS	0	0	.00	.0	0 .000	.00	.00
PSYCHOLOGIST	0	0	.00	.0	0 .000	.00	.00
SPEECH AND AUDIOLOGY	1	1	50.81	50.8	1 .003	50.81	.13
HOSPICE SERVICES	1	1	113.62	113.6	2 .003	113.62	.29
NONINST BIRTHING CENTERS	0	0	.00	.0	0 .000	.00	.00
LOCAL EDUCATION AGENCIES	13	392	1,965.01	5.0	1 1.008	151.15	5.05
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.0	0 .000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.0	0 .000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.0	0 .000	.00	.00
ALL OTHER PROVIDERS	5	320	279.96	.8	7 .823	55.99	.72
@CALIF. CHILDREN SERVICES*	17	88	\$ 16,465.44	\$ 187.1	1 .226	\$ 968.56	\$ 42.33
@XOVER EXCLUDING STATE HOSP**	49	1,587	\$ 6,882.16	\$ 4.3	4 4.080	\$ 140.45	\$ 17.69

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,273
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
NEVADA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

----- MONTHLY AVERAGE -----488 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 5,201 \$ 402 10.658 \$ 553.21 \$ 455.72 222,390.24 \$ 42.76 @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES 96 197 8,336.34 \$ 42.32 .404 \$ 86.84 \$ 17.08 42 .100 OUTPATIENT VISITS 49 1,870.74 38.18 44.54 3.83 28 31 32.31 35.77 2.05 OFFICE VISITS 1,001.57 .064 HOME VISITS 0 0 .00 .00 .000 .00 .00 .93 EMERGENCY ROOM 451.72 50.19 .018 56.47 .00 0 .00 .00 .000 PREVENTIVE CARE .00 0 .00 .000 .00 OB VISITS/COMPRE PERI .00 OTHER OUTPATIENT 9 417.45 46.38 .018 52.18 .86 213.66 17 854.65 50.27 .035 INPATIENT VISITS HOSPITAL VISITS 17 854.65 50.27 .035 213.66 1.75 .00 .00 CRITICAL CARE 0 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 92.88 OPHTHALMOLOGICAL SERVICES 46.44 .004 46.44 .19 92.88 46.44 46.44 EXAMINATIONS .004 .19 .00 .00 .00 .000 SERVICES AND MATERIALS 2100.88 INPATIENT HOSPITAL SURGERY 2,100.88 700.29 .006 4.31 2,100.88 700.29 2100.88 PRINCIPAL SURGEON .006 4.31 .00 .00 .000 .00 ASSISTANT SURGEON 0 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY 126.16 25.23 .010 63.08 .26 PRINCIPAL SURGEON 36.63 36.63 .002 36.63 .08

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	4		89.53	2	2.38	.008		89.53		.18
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	6		132.56	2	2.09	.012		44.19		.27
RADIOLOGY	15	29		1,284.69	4	4.30	.059		85.65		2.63
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	6		5.95		.99	.012		5.95		.01
OTHER SERVICES/ALL X-OVERS	46	80		1,867.83	2	3.35	.164		40.61		3.83
@PHARMACY	265	2,841	\$	82,066.45	\$ 2	8.89	5.822	\$	309.68	\$	168.17
PRESCRIPTION DRUGS	257	975		80,472.28	8	2.54	1.998		313.12		164.90
SNF/ICF	27	188		11,570.40	6	1.54	.385		428.53		23.71
OUTPATIENTS	230	787		68,901.88	8	7.55	1.613		299.57		141.19
MEDICAL SUPPLIES	15	1,866		1,594.17		.85	3.824		106.28		3.27
@DENTIST	13	37	\$	2,892.00	\$ 7	8.16	.076	\$	222.46	\$	5.93
VISITS - DIAGNOSTIC	8	24		550.00	2	2.92	.049		68.75		1.13
ORAL SURGERY	1	2		170.00	8	5.00	.004		170.00		.35
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		118.00	11	8.00	.002		118.00		.24
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	2	5		254.00	5	0.80	.010		127.00		.52
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	4		1,800.00	45	0.00	.008		900.00		3.69
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	1		.00		.00	.002		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDIT	URES M	ONTH-OF-PAYMENT RE	EPORT FO	R JAN	2004 THRU	DEC	2004	PP	GE 9,274
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR	CRAIC	CASES	- TOTAL IN PA-TOTA	AL						
							M	ONTF	HLY AVERA	GE -	

488 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	13 \$	291.42	\$ 22.42	.027 \$	97.14	\$ .60
DIAGNOSTIC AND ANC. PROCED	3	4	142.35	35.59	.008	47.45	.29
EYE APPLIANCES	3	9	149.07	16.56	.018	49.69	.31
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	5	21 \$	78.42	\$ 3.73	.043 \$		\$ .16
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	5	21	78.42	3.73	.043	15.68	.16
@HOME HEALTH AGENCY	3	5 \$	440.86	\$ 88.17	.010 \$	146.95	\$ .90
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@TOTAL HOSPITAL	73	343 \$	26,359.90	\$ 76.85	.703 \$	361.09	\$ 54.02
HOSP INPATIENT TOTAL	7 7	9	19,290.30	2143.37	.018	2755.76	39.53
HSC HOSPITALS	2	9	15,018.00	1668.67	.018	7509.00	39.33
NON-HSC HOSPITAL TOTAL		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0	0	.00		.000	.00	.00
	0	0		.00			
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	U	0			.000	.00 854.46	8.75
INPATIENT CROSSOVERS	0	•	4,272.30	.00	.000		
ALL OTHER INPATIENT	-	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	67	334	7,069.60	21.17	.684	105.52	14.49
MEDICAL	5	9	522.70	58.08	.018	104.54	1.07
SURGERY	2	3	103.96	34.65	.006	51.98	.21
PATHOLOGY	26	95	1,036.35	10.91	.195	39.86	2.12
RADIOLOGY	11	15	1,301.75	86.78	.031	118.34	2.67
ROOM USE	21	27	1,014.09	37.56	.055	48.29	2.08
CROSSOVERS/ALL OTH OUTPTNT	31	185	3,090.75	16.71	.379	99.70	6.33
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	•	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	U	0	.00	.00	.000	.00	.00
MEDICAL	U	U	.00	.00	.000	.00	.00
SURGERY	U	U	.00	.00	.000	.00	.00
PATHOLOGY	U	U	.00	.00	.000	.00	.00
RADIOLOGY	Ü	Ü	.00	.00	.000	.00	.00
ROOM USE	Ü	Ü	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV ME	DI-CAL SERVIC	ES AND EXPENDITURES MON	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DE	2004	PAGE 9,275

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 NEVADA COUNTY

NEVADA COUNTI	SUMMARI OF SERVICES FOR	CRAIG C	ASES-	IOIAL IN FA-IOI	AL						
			_						HLY AVERA		
488 ELIGIBLES		F SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
		S OF CARE		06 050 00			PER ELIC		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	73	343	\$	26,359.90	\$	76.85	.703	Ş	361.09	Ş	54.02
COMM HOSP INPATIENT TOTAL	7	9		19,290.30		2143.37	.018		2755.76		39.53
HSC HOSPITALS	2	9		15,018.00		1668.67	.018		7509.00		30.77
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	5	0		4,272.30		.00	.000		854.46		8.75
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	67	334		7,069.60		21.17	.684		105.52		14.49
MEDICAL	5	9		522.70		58.08	.018		104.54		1.07
SURGERY	2	3		103.96		34.65	.006		51.98		.21
PATHOLOGY	26	95		1,036.35		10.91	.195		39.86		2.12
RADIOLOGY	11	15		1,301.75		86.78	.031		118.34		2.67
ROOM USE	21	27		1,014.09		37.56	.055		48.29		2.08
CROSSOVERS/ALL OTH OUTPTNT	31	185		3 <b>,</b> 090.75		16.71	.379		99.70		6.33
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	30	741	\$	93,000.51	\$	125.51	1.518	\$	3100.02	\$	190.57
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	30	741		93,000.51		125.51	1.518		3100.02		190.57
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	•	.00		.00	.000		.00	•	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	2	\$	28.05	\$	14.03	.004	\$	28.05	\$	.06
HOSPITAL BASED	0	0	·	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	1	2		28.05		14.03	.004		28.05		.06
@LABORATORY FACILITY	7	22	\$	305.09	Ś	13.87	.045	\$		Ś	.63
PATHOLOGY	6	19	'	304.64		16.03	.039	'	50.77		.62
XO AND OTHERS	1	3		.45		.15	.006		.45		.00
@ORGANIZED OUTPATIENT CLINIC	18	28	Ś	2,371.92	\$	84.71	.057	\$	131.77	Ś	4.86
CLINIC	4	9	7	193.51	,	21.50	.018	7	48.38	т.	.40
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	14	19		2,178.41		114.65	.039		155.60		4.46
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E		RES MOI		EPORT			DEC		Þ	PAGE 9,276
MOP024	FEE-FOR-SERVICE/DENTAL	771 DIADITOR	1.101	VIII OI IAIRIII IV	01/1	IOIN OAN	2001 111110	ب ت ر	2001	E	03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FOR	CRATE C	'ASFS-	TOTAL IN DA-TOT	ΔΤ.						00/14/00
MEANDY COOMIT	DOLUMNI OF DERVICED FOR	CIVATA (	_CTOTO_	TOTAL IN FA-IOI	ΔП					<b>~</b> =	

----- MONTHLY AVERAGE -----488 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	40	951 \$	6,219.28	\$ 6.54	1.949 \$	155.48	\$ 12.74
DURABLE MED. EQUIP.	1	75	2,076.00	27.68	.154	2076.00	4.25
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	70	560.32	8.00	.143	112.06	1.15
AMBULANCES/AIR TRANS	2	17	404.30	23.78	.035	202.15	.83
OTHER TRANS	2	48	127.78	2.66	.098	63.89	.26
OTHER SERVICES	1	5	28.24	5.65	.010	28.24	.06
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	1	2	399.45	199.73	.004	399.45	.82
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	14	162.34	11.60	.029	27.06	.33
PHYSICAL THERAPIST	1	12	24.62	2.05	.025	24.62	.05
PORTABLE X-RAY	2	5	2.57	.51	.010	1.29	.01
PROSTHETIST/ORTHOTISTS	2	2	23.65	11.83	.004	11.83	.05
PROSTHETICS	2	2	23.65	11.83	.004	11.83	.05
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	50.81	50.81	.002	50.81	.10
HOSPICE SERVICES	2	3	340.86	113.62	.006	170.43	.70
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	15	445	2,283.07	5.13	.912	152.20	4.68
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6	322	295.59	.92	.660	49.27	.61
@CALIF. CHILDREN SERVICES*	19	90 \$	16,823.18	\$ 186.92	.184 \$	885.43	\$ 34.47
@XOVER EXCLUDING STATE HOSP**	75	1,658 \$	9,118.24	\$ 5.50	3.398 \$	121.58	\$ 18.68

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,277 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 NEVADA COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

112111211 0001111	311 0001111						
					MON	NTHLY AVERA	GE
95,373 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	60 <b>,</b> 322	915,017 \$	38,501,560.13	\$ 42.08	9.594	638.27	\$ 403.69
@PHYSICIANS SERVICES	20,291	64,521 \$	2,262,698.28	\$ 35.07	.677	111.51	\$ 23.72
OUTPATIENT VISITS	12 <b>,</b> 941	18,372	706,225.33	38.44	.193	54.57	7.40
OFFICE VISITS	8,702	11,798	360,764.77	30.58	.124	41.46	3.78
HOME VISITS	7	9	390.13	43.35	.000	55.73	.00
EMERGENCY ROOM	4,580	5,701	298,406.83	52.34	.060	65.15	3.13
PREVENTIVE CARE	10	12	527.99	44.00	.000	52.80	.01
OB VISITS/COMPRE PERI	283	426	33,363.62	78.32	.004	117.89	.35
OTHER OUTPATIENT	392	426	12 <b>,</b> 771.99	29.98	.004	32.58	.13
INPATIENT VISITS	1,012	3,483	202,315.72	58.09	.037	199.92	2.12
HOSPITAL VISITS	920	2,849	129,859.70	45.58	.030	141.15	1.36
CRITICAL CARE	89	522	69,061.88	132.30	.005	775.98	.72
SNF/ICF/TRANS IP CARE	64	112	3,394.14	30.30	.001	53.03	.04
OPHTHALMOLOGICAL SERVICES	263	312	13,211.35	42.34	.003	50.23	.14
EXAMINATIONS	260	309	13,134.77	42.51	.003	50.52	.14
SERVICES AND MATERIALS	3	3	76.58	25.53	.000	25.53	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	801	6,980		417,436.41		59.80	.073		521.14		4.38
PRINCIPAL SURGEON	547	720		338,594.57		470.27	.008		619.00		3.55
ASSISTANT SURGEON	73	73		12,494.44		171.16	.001		171.16		.13
ANESTHESIOLOGIST	295	6,187		66,347.40		10.72	.065		224.91		.70
OUTPATIENT SURGERY	1,672	6,280		247,145.62		39.35	.066		147.81		2.59
PRINCIPAL SURGEON	1,465	1,822		204,373.96		112.17	.019		139.50		2.14
ASSISTANT SURGEON	, 5	5		495.84		99.17	.000		99.17		.01
ANESTHESIOLOGIST	317	4,453		42,275.82		9.49	.047		133.36		. 44
DIALYSIS	38	170		11,766.66		69.22	.002		309.65		.12
PATHOLOGY	1,627	3,002		53,317.39		17.76	.031		32.77		.56
RADIOLOGY	4,148	6,920		233,411.01		33.73	.073		56.27		2.45
PSYCHIATRY	16	18		1,147.12		63.73	.000		71.70		.01
IMMUNIZATION AND INJECTION	460	2,042		78,428.96		38.41	.021		170.50		.82
OTHER SERVICES/ALL X-OVERS	5 <b>,</b> 230	16,942		298,292.71		17.61	.178		57.03		3.13
@PHARMACY	36,228	399,421	\$	13,044,532.09	\$	32.66	4.188	\$	360.07	\$	136.77
PRESCRIPTION DRUGS	35,882	138,493		12,838,573.90		92.70	1.452		357.80		134.61
SNF/ICF	3,092	23,172		1,310,838.34		56.57	.243		423.95		13.74
OUTPATIENTS		115,321		11,527,735.56		99.96	1.209		350.28		120.87
MEDICAL SUPPLIES	1,920	260,928		205,958.19		.79	2.736		107.27		2.16
@DENTIST	3 <b>,</b> 515	14,989	\$	534,237.26	\$	35.64	.157	\$	151.99	\$	5.60
VISITS - DIAGNOSTIC	2,489	9,111		151,940.69		16.68	.096		61.04		1.59
ORAL SURGERY	518	1,339		75 <b>,</b> 863.75		56.66	.014		146.46		.80
DRUGS	117	138		2,960.00		21.45	.001		25.30		.03
ANESTHESIA	11	14		1,125.00		80.36	.000		102.27		.01
PERIODONTICS	55	71		5,318.50		74.91	.001		96.70		.06
ENDODONTICS	226	412		58,029.25		140.85	.004		256.77		.61
RESTORATIVE DENTISTRY	1,183	3,168		171,394.09		54.10	.033		144.88		1.80
PROSTHETICS	12	13		330.00		25.38	.000		27.50		.00
DENTURES, STAYPLATES	149	420		57 <b>,</b> 783.90		137.58	.004		387.81		.61
SPACE MAINTAINERS	22	27		2,542.00		94.15	.000		115.55		.03
MAXILLOFACIAL SERVICES	4	5		360.08		72.02	.000		90.02		.00
FRACTURES, DISLOCATIONS	1	1		700.00		700.00	.000		700.00		.01
ORTHODONTIC SERVICES	72	102		5,140.00		50.39	.001		71.39		.05
ALL OTHER SERVICES	128	168		750.00		4.46	.002		5.86		.01
	MEDI-CAL SERVICES AND		RES MON	TH-OF-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	P.	AGE 9,278
MOP024	FEE-FOR-SERVICE/DENTAL	1									03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES FO	OR TOTAL C	CERTIFI	ED							
							M	ONTH	ILY AVERA	.GE	

95,373 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS OF CARE	C .		PER	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	1,098	3 <b>,</b> 306	\$	71,916.72	\$	21.75	.035	\$	65.50	\$ .75
DIAGNOSTIC AND ANC. PROCED	672	695		29 <b>,</b> 784.77		42.86	.007		44.32	.31
EYE APPLIANCES	863	2,517		39,629.34		15.74	.026		45.92	.42
OTHER OPTOMETRIC SERVICES	60	94		2,502.61		26.62	.001		41.71	.03
@CHIROPRACTOR	467	788	\$	12,779.74	\$	16.22	.008	\$	27.37	\$ .13
VISITS	447	761		12,356.08		16.24	.008		27.64	.13
OTHER SERVICES	20	27		423.66		15.69	.000		21.18	.00
@PODIATRIST	428	558	\$	9,852.78	\$	17.66	.006	\$	23.02	\$ .10
MEDICINE/INJECTIONS	141	161		5,076.79		31.53	.002		36.01	.05
SURGERY/ANES.	14	14		599.37		42.81	.000		42.81	.01
RADIO./PATHOLOGY	9	10		193.32		19.33	.000		21.48	.00
OTHER	288	373		3,983.30		10.68	.004		13.83	.04
@HOME HEALTH AGENCY	163	2,330	\$	94,842.08	\$	40.70	.024	\$	581.85	\$ .99
NURSE ANESTHESIST	4	58	\$	239.73	\$	4.13	.001	\$	59.93	\$ .00
NURSE MIDWIFE	60	267	\$	21,137.19	\$	79.17	.003	\$	352.29	\$ .22
PEDIATRIC NURSE PRACTITIONER	2	2	\$	91.42	\$	45.71	.000	\$	45.71	\$ .00

FAMILY NURSE PRACTITIONER	256	310	\$ 7,700.68	\$ 24.84	.003	\$ 30.08	\$ .08
@TOTAL HOSPITAL	13 <b>,</b> 589	69 <b>,</b> 224	\$ 8,739,925.80	\$ 126.26	.726	\$ 643.16	\$ 91.64
HOSP INPATIENT TOTAL	1,265	4,327	6,927,384.14	1600.97	.045	5476.19	72.63
HSC HOSPITALS	183	1,359	1,812,871.14	1333.97	.014	9906.40	19.01
NON-HSC HOSPITAL TOTAL	772	2,968	4,823,579.33	1625.20	.031	6248.16	50.58
ACCOMMODATIONS	772	2,968	1,329,857.42	448.07	.031	1722.61	13.94
ADMINISTRATIVE DAYS	1	5	4,028.74	805.75	.000	4028.74	.04
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	771	2,963	1,325,828.68		.031	1719.62	13.90
ANCILLARIES	771	0	3,493,721.91	.00	.000	4531.42	36.63
INPATIENT CROSSOVERS	326	0	290,933.67	.00	.000	892.43	3.05
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	12,881	64 <b>,</b> 897	1,812,541.66	27.93	.680	140.71	19.00
MEDICAL	1 <b>,</b> 997	2,780	123,579.39	44.45	.029	61.88	1.30
SURGERY	1,130	1,287	39,375.61	30.59	.013	34.85	.41
PATHOLOGY	5,054	19,884	249,255.27				2.61
RADIOLOGY	3 <b>,</b> 375	5,044	391 <b>,</b> 281.58	77.57	.053	115.94	4.10
ROOM USE	7,006	10,185	385,391.41	37.84	.107	55.01	4.04
CROSSOVERS/ALL OTH OUTPINT	6 <b>,</b> 352	25 <b>,</b> 717	623,658.40	24.25	.270	98.18	6.54
@COUNTY HOSPITAL TOTAL	44	382	\$ 171,304.05	\$ 448.44	.004	\$ 3893.27	\$ 1.80
CO HOSPITAL INPATIENT TOTAL	5	121	160,898.94	1329.74	.001	32179.79	1.69
HSC HOSPITALS	5	120	160,055.00	1333.79	.001	32011.00	1.68
NON-HSC HOSPITALS TOTAL	1	1	843.94	843.94	.000	843.94	.01
ACCOMMODATIONS	1	1	231.30	231.30	.000	231.30	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	231.30	231.30	.000	231.30	.00
ANCILLARIES	1	0	612.64	.00	.000	612.64	.01
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	39	261	10,405.11	39.87	.003	266.80	.11
MEDICAL	11	18	949.75	52.76	.000	86.34	.01

SURGERY	12	22	965.56	43.89	.000	80.46	.01
PATHOLOGY	11	72	1,487.32	20.66	.001	135.21	.02
RADIOLOGY	9	21	1,851.16	88.15	.000	205.68	.02
ROOM USE	22	44	2,191.33	49.80	.000	99.61	.02
CROSSOVERS/ALL OTH OUTPTNT	27	84	2,959.99	35.24	.001	109.63	.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DE	C 2004	PAGE 9,279
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
NEVADA COUNTY	SUMMARY OF SERVICES F	OR TOTAL CERT	rified				

NEVADA COUNTY	SUMMARY OF SER	VICES FOR TOTAL CE	ERTIE	FIED					03/11/00
						MON	THLY AVERA	ΔGE	
95,373 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13,556	68,842	\$	8,568,621.75	\$ 124.47	.722	632.09	\$	89.84
COMM HOSP INPATIENT TOTAL	1,260	4,206		6,766,485.20	1608.77	.044	5370.23		70.95
HSC HOSPITALS	1,260 178 771	1,239		1,652,816.14	1333.99	.013	9285.48		17.33
NON-HSC HOSPITALS TOTAL	, , _	2,967		4,822,735.39	1625.46	.031	6255.17		50.57
ACCOMMODATIONS	771	2,967		1,329,626.12	448.14	.031	1724.55		13.94
ADMINISTRATIVE DAYS	1	5		4,028.74	805.75	.000	4028.74		.04
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	770	2,962		1,325,597.38	447.53	.031	1721.56		13.90
ANCILLARIES	770	0		3,493,109.27	.00	.000	4536.51		36.63
INPATIENT CROSSOVERS	326	0		290,933.67	.00	.000	892.43		3.05
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	12,852	64,636		1,802,136.55	27.88	.678	140.22		18.90
MEDICAL	1,986	2,762		122,629.64	44.40	.029	61.75		1.29
SURGERY	1,118	1,265		38,410.05	30.36	.013	34.36		.40
PATHOLOGY	5,044	19,812		247,767.95	12.51	.208	49.12		2.60
RADIOLOGY	3,368	5,023		389,430.42	77.53	.053	115.63		4.08
ROOM USE	6,990	10,141		383,200.08	37.79	.106	54.82		4.02
CROSSOVERS/ALL OTH OUTPTNT		25,633		620,698.41	24.21	.269	98.06		6.51
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	.00	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0 3 <b>,</b> 166	95,396	\$	10,151,104.07	\$ 106.41	1.000 \$	3206.29	\$	106.44
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	13	423		50,185.01	118.64	.004	3860.39		.53
LEV B-SUBACUTE FREESTANDING	1	24		8,276.88	344.87	.000	8276.88		.09
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	3,152	94,949		10,092,642.18	106.30	.996	3201.98		105.82
@INTERMEDIATE CARE FACILDD	13	367	\$		\$ 203.87		5755.29	\$	.78
ICF DDH	1	1		163.45	163.45	.000	163.45		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	12	366		74,655.33	203.98	.004	6221.28		.78
@HEMODIALYSIS TOTAL	189	6,608	\$	244,447.40	\$ 36.99	.069	1293.37	\$	2.56
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	189	6,608		244,447.40	36.99	.069	1293.37		2.56
@REHABILITATION FACILITY	83	942	\$		\$ 19.48	.010	221.07	\$	.19
HOSPITAL BASED	23	101		5,385.65	53.32	.001	234.16		.06
INDEPENDENT FACILITY	60	841		12,963.35	15.41	.009	216.06		.14
@LABORATORY FACILITY	1,781	4,622	\$		\$ 15.41	.048		\$	.75
PATHOLOGY	1,755	4,544		70,805.46	15.58	.048	40.34		.74
XO AND OTHERS	26	78		417.43	5.35	.001	16.06		.00
@ORGANIZED OUTPATIENT CLINIC	7,090	11,811	\$	1,208,049.61	\$ 102.28	.124	170.39	\$	12.67
CLINIC	2,372	4,139		129,879.93	31.38	.043	54.76		1.36
SURGICENTER	44	227		8,313.27	36.62	.002	188.94		.09
HEROIN DETOX CLINIC	1	7		102.20	14.60	.000	102.20		.00

RURAL HEALTH CLINIC 4,736 7,438 1,069,754.21 143.82 .078 225.88 11.22 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,280 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 NEVADA COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

NEVADA COUNTI	SUMMARY OF SERV	TICES FOR TOTAL (	EKT.	TETED						
								THLY AVERA	-	
95,373 ELIGIBLES	USERS	UNITS OF SERVICE		E	EXPENDITURES		UNITS/DAY:	COST PER		COST PER
		OR DAYS OF CARE				UNIT/DAY	_	USER		ELIGIBLE
@ALL OTHER PROVIDERS	7,015	239,497	\$	1	.,933,614.61	\$ 8.07	2.511	\$	\$	20.27
DURABLE MED. EQUIP.	473	2,013			199,083.90	98.90	.021	420.90		2.09
BLOOD BANK	0	0			.00	.00	.000	.00		.00
HEARING AID DISPENSERS	68	76			20,225.29	266.12	.001	297.43		.21
MEDICAL TRANSPORTATION	664	10,536			145,042.86	13.77	.110	218.44		1.52
AMBULANCES/AIR TRANS	597	7,418			100,979.97	13.61	.078	169.15		1.06
OTHER TRANS	57	2 <b>,</b> 939			7,757.09	2.64	.031	136.09		.08
OTHER SERVICES	40	179			36,305.80	202.83	.002	907.65		.38
ACUPUNCTURE	8	15			276.89	18.46	.000	34.61		.00
ADULT DAY HEALTH CARE CTR	389	4,609			320,693.21	69.58	.048	824.40		3.36
GENETIC DISEASE TESTING	159	160			16,752.00	104.70	.002	105.36		.18
IHMC, MODEL-NF, NF, AIDS, MSSP	104	10,574			299,380.00	28.31	.111	2878.65		3.14
OCCUPATIONAL THERAPIST	1	25			514.74	20.59	.000	514.74		.01
OPTICIAN	1,065	2 <b>,</b> 393			23,509.25	9.82	.025	22.07		.25
PHYSICAL THERAPIST	4	33			425.26	12.89	.000	106.32		.00
PORTABLE X-RAY	76	146			1,002.45	6.87	.002	13.19		.01
PROSTHETIST/ORTHOTISTS	149	360			41,158.80	114.33	.004	276.23		.43
PROSTHETICS	149	360			41,158.80	114.33	.004	276.23		.43
ORTHOTICS	0	0			.00	.00	.000	.00		.00
PSYCHOLOGIST	3	4			569.95	142.49	.000	189.98		.01
SPEECH AND AUDIOLOGY	96	276			17,568.09	63.65	.003	183.00		.18
HOSPICE SERVICES	140	3 <b>,</b> 629			416,155.99	114.68	.038	2972.54		4.36
NONINST BIRTHING CENTERS	0	0			.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	2,328	82 <b>,</b> 757			320,407.62	3.87	.868	137.63		3.36
EPSDT SUPPLEMENTAL SERVICE	0	0			.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0			.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	1,594	121,891			110,848.31	.91	1.278	69.54		1.16
@CALIF. CHILDREN SERVICES*	606	20,204	\$		931,433.35	\$ 46.10	.212	\$ 1537.02	\$	9.77
@XOVER EXCLUDING STATE HOSP**	6,210	74,592	\$		978,812.72	\$ 13.12	.782	\$ 157.62	\$	10.26

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.